SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT FLORIDA DEPARTMENT OF STATE Sep 23 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT # 713137** (8)THE BENEVOLENT AND PROTECTIVE ORDER OF SHEPHERDS ,INC. Principal Place of Business Malling Address 2015 HOLTON ST. 2015 HOLTON ST. 3. Date Incorporated or Qualified TALLAHASSEE FL 32310 TALLAHASSEE FL 32310 07/28/1967 4. FEI Number 593532445 Applied For applied foi Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Sulte, Apt. #, etc. Sulte, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 27 Trust Fund Contribution 22 Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Yes No 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FREDDIE C. SPIVEY 82 Street Address (P.O. Box Number is Not Acceptable) 3427 SUNNYSIDE DRIVE 83 TALLAHASSEE FL 32310 84 City 85 Zip Code 11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS (2/38)12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE Change Addition _) DELETE SPIVEY, FREDDIE C NAME 1.2 NAME CR2E037 STREET ADDRESS 3427 SUNNYSIDE DRIVE 1.3 STREET ADDRESS TALLAHASSEE FL 32310 CITY-ST-ZIP 1.4 CITY-ST-ZIP 2.1 TITLE DELETE Change Addition davis, alexander NAME 2.2 NAME STREET ADDRESS 1632 CAPITAL CIRCLE 2.3 STREET ADDRESS TALLAHASSEE FL 32308 CITY-ST-ZIP 2.4 CITY-ST-ZIP MEMO TITLE 3.1 TITLE Change Addition DELETE DOUGLAS, IOLA NAME 3.2 NAME STREET ADDRESS 729 DENT STREET 3.3 STREET ADDRESS TALLAHASSEE FL 32304 CITY-ST-ZIP 3.4 CITY-ST-ZIP MEMD TITLE X DELETE 4.1 TITLE Change Addition WILLIAMS, R.L. 4.2 NAME (peceased) STREET ADDRESS 510 KISSIMMEE STREET, APT 8 4.3 STREET ADDRESS TALLAHASSEE FL 32310 4.4 CITY-ST-ZIP CITY-\$1-ZIP MEMD 5.1 TITLE TITLE DELETE Change Addition HOLLINS, PRESTON NAME 5.2 NAME STREET ADDRESS 2126 KEITH STREET 5.3 STREET ADDRESS TALLAHASSEE FL 32310 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 6.1 TITLE __ DELETE Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and occurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Freddie C. Spivey 7/17/98

Deficer or Director

FILED

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