

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 739554 (4)**

1. Corporation Name  
**THE CHURCH OF THE LIVING GOD, "THE GOOD SHEPPARD", INC.**



Principal Place of Business: **RT. 1 BOX 246M WAUCHULA FL 33873**  
Mailing Address: **RT. 1 BOX 246M WAUCHULA FL 33873**

3. Date Incorporated or Qualified: **07/05/1977**  
3a. Date of Last Report: **01/27/1995**  
4. FEI Number: **NOT APPLICABLE**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**MARTINEZ, JUAN  
RT. 1, BOX 246M  
WAUCHULA FL 33873**

10. Name and Address of New Registered Agent  
**81 Name: CORTES, RAMIRO BACA  
82 Street Address (P.O. Box Number is Not Acceptable): Rt. 1 Box 3F  
83 Hardoe Street  
84 City: Bowling Green FL FL 85 Zip Code: 33834**

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: *Ramiro Baca* (NOTE: Registered Agent signature required when reinstating) DATE: **4/17/96**

12. OFFICERS AND DIRECTORS	
TITLE: PD	<input checked="" type="checkbox"/> DELETE
NAME: MARTINEZ, JUAN	
STREET ADDRESS: RT. 1, BOX 246M	
CITY-ST-ZIP: WAUCHULA FL	
TITLE: TD	<input checked="" type="checkbox"/> DELETE
NAME: MARTINEZ, JUAN	
STREET ADDRESS: RT. 1 BOX 246M	
CITY-ST-ZIP: WAUCHULA FL 33873	
TITLE: SD	<input type="checkbox"/> DELETE
NAME: MARTINEZ, JOHNNY	
STREET ADDRESS: 309 MAPLE AVE.,	
CITY-ST-ZIP: BOWLING GREEN FL	
TITLE: VPD	<input type="checkbox"/> DELETE
NAME: MARTINEZ, ANTONIO	
STREET ADDRESS: 222 HANCOCK AVENUE	
CITY-ST-ZIP: BOWLING GREEN FL 33834	
TITLE: TD	<input checked="" type="checkbox"/> DELETE
NAME: MARTINEZ, AGUSTIN	
STREET ADDRESS: 222 HANCOCK AVENUE	
CITY-ST-ZIP: BOWLING GREEN FL	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: CORTES, RAMIRO BACA	
1.3 STREET ADDRESS: Rt. 1 Box 3F	
1.4 CITY-ST-ZIP: Bowling Green, FL 33844	
2.1 TITLE: TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: MARTINEZ, AGUSTIN	
2.3 STREET ADDRESS: 222 Hancock Avenue	
2.4 CITY-ST-ZIP: Bowling Green FL 33834	
3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-ST-ZIP:	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE: TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME: MARTINEZ, REV. JUAN	
5.3 STREET ADDRESS: Rt. 1 Box 246M	
5.4 CITY-ST-ZIP: Wauchula FL 33834	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate 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.

SIGNATURE: *Ramiro Baca* DATE: **4/17/96** (941) 773-3618 Daytime Phone #

CR2E037 (12/95)