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Jun 02 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 739554  
1. Corporation Name  
THE CHURCH OF THE LIVING GOD, "THE GOOD SHEPPARD" INC.

Principal Place of Business: Dixiana Drive, Bowling Green, FL 33834  
Mailing Address: P. O. Box 622, Bowling Green, FL 33834

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: 07/05/1977  
3a. Date of Last Report  
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

9. Name and Address of Current Registered Agent: CORTES, RAMIRO BACA, Rt. 1 Box 3F, Hardee Street, Bowling Green, FL 33834  
10. Name and Address of New Registered Agent: 81 Name: N/A, 82 Street Address: N/A, 83, 84 City: FL, 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: Ramiro Baca Cortes, PD  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  
DATE: 5/27/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CORTES, RAMIRO BACA	
STREET ADDRESS	Rt. 1 Box 3F Bowling Green, FL	
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MARTINEZ, AGUSTIN	
STREET ADDRESS	222 Hancock Ave.	
CITY-ST-ZIP	Bowling Greene, FL 33834	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MARTINEZ, JOHNNY	
STREET ADDRESS	309 Maple Ave.	
CITY-ST-ZIP	Bowling Greene, FL 33834	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MARTINEZ, ANTONIO	
STREET ADDRESS	222 Hancock Ave.	
CITY-ST-ZIP	Bowling Green, FL 33834	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MARTINEZ, REV. JUAN	
STREET ADDRESS	Rt. 1 Box 246M	
CITY-ST-ZIP	Wauchula, FL 33873	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	N/A
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	N/A
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	N/A
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	N/A
4.3 STREET ADDRESS	800002207788
4.4 CITY-ST-ZIP	-06/10/97--01076--014 ***61.25
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	N/A
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	N/A
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: Antonio Martinez, ANTONIO MARTINEZ  
Date: 5/27/97  
Daytime Phone: (941) 375-3411

CR2E037 (9/96)