

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

**FILED**  
**Apr 14 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 739554 (4)**  
 1. Corporation Name  
**THE CHURCH OF THE LIVING GOD, THE GOOD SHEPPARD  
 , INC.**



Principal Place of Business <b>DDREANA DRIVE BOWLING GREEN FL 33834</b>	Mailing Address <b>P. O. BOX 622 BOWLING GREEN FL 33834</b>
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3. Date Incorporated or Qualified <b>07/05/1977</b>	
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <b>Not Applicable</b>

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>28</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>29</b>
Country <b>25</b>	Zip <b>30</b>

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <b>Juan MARTINEZ</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>1245 CONROY LANE</b>	
83 <b>HARDEE CO.</b>	
84 City <b>Wauchula, FL</b>	85 Zip Code <b>33873</b>

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 *Juan P. Martinez* **JUAN P. MARTINEZ** DATE **4/1/98**

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	NAME <b>CORTES, RAMIRO BACA</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>RT 1, BOX 3F</b>	CITY-ST-ZIP <b>BOWLING GREEN FL</b>	
TITLE <b>TD</b>	NAME <b>MARTINEZ, AGUSTIN</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>222 HANCOCK AVENUE</b>	CITY-ST-ZIP <b>BOWLING GREEN FL</b>	
TITLE <b>SD</b>	NAME <b>MARTINEZ, JOHNNY</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>309 MAPLE AVE.,</b>	CITY-ST-ZIP <b>BOWLING GREEN FL</b>	
TITLE <b>VPD</b>	NAME <b>MARTINEZ, ANTONIO</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>222 HANCOCK AVENUE</b>	CITY-ST-ZIP <b>BOWLING GREEN FL 33834</b>	
TITLE <b>TD</b>	NAME <b>MARTINEZ, JUAN REV.</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>RT 1, BOX 246M</b>	CITY-ST-ZIP <b>WAUCHULA FL</b>	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>CORTES, RAMIRO BACA</b>	
1.3 STREET ADDRESS <b>715 DOC COIL RD</b>	
1.4 CITY-ST-ZIP <b>BOWLING GREEN, FL 33834</b>	
2.1 TITLE <b>TD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>MARTINEZ, AGUSTIN</b>	
2.3 STREET ADDRESS <b>253 GLADES RD</b>	
2.4 CITY-ST-ZIP <b>BOWLING GREEN, FL 33834</b>	
3.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>MARTINEZ, JOHNNY</b>	
3.3 STREET ADDRESS <b>4424 MAPLE AVE</b>	
3.4 CITY-ST-ZIP <b>BOWLING GREEN, FL 33834</b>	
4.1 TITLE <b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>MARTINEZ, ANTONIO</b>	
4.3 STREET ADDRESS <b>242 GLADES RD</b>	
4.4 CITY-ST-ZIP <b>BOWLING GREEN, FL 33834</b>	
5.1 TITLE <b>TD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>MARTINEZ, JUAN REV.</b>	
5.3 STREET ADDRESS <b>1245 CONROY LN</b>	
5.4 CITY-ST-ZIP <b>WAUCHULA, FL 33873</b>	
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 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: *Johnny Martinez* **JOHNNY MARTINEZ** DATE **4/1/98** (941) 375-4648

CR2E037 (10/97)