2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# 739554

Entity Name: THE CHURCH OF THE LIVING GOD, "THE GOOD SHEPPARD", INC.

Current Principal Place of Business:

105 DIXIANA DRIVE
BOWLING GREEN, FL 33834

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 622
BOWLING GREEN, FL 33834

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTINEZ, JOSE A
242 GLADES ST
BOWLING GREEN, FL 33834 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CORTES, RAMIRO BACA
Address: 715 DOCCOIL RD
City-St-Zip: BOWLING GREEN, FL 33834

Title: TD ( ) Delete
Name: MARTINEZ, AGUSTIN
Address: 253 GLADES RD
City-St-Zip: BOWLING GREEN, FL 33834

Title: SD ( ) Delete
Name: MARTINEZ, JOHNNY
Address: 4716 CHURCH AVE
City-St-Zip: BOWLING GREEN, FL 33834

Title: D ( ) Delete
Name: MARTINEZ, JOSE A
Address: 242 GLADES ST
City-St-Zip: BOWLING GREEN, FL 33834

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHNNY MARTINEZ SD 04/18/2005
Electronic Signature of Signing Officer or Director — Date