


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # 739554 1. Entity Name THE CHURCH OF THE LIVING GOD, "THE GOOD SHEPPARD", INC.	
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Principal Place of Business 105 DIXIANA DRIVE BOWLING GREEN FL 33834	Mailing Address P. O. BOX 622 BOWLING GREEN FL 33834
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number NO-T APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARTINEZ, JOSE A 242 GLADES ST BOWLING GREEN FL 33834	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jose A Martinez Jose A Martinez 4/24/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD	
NAME	CORTES, RAMIRO BACA	
STREET ADDRESS	715 DOCCOIL RD	
CITY-ST-ZIP	BOWLING GREEN FL 33834	
TITLE	TD	
NAME	MARTINEZ, AGUSTIN	
STREET ADDRESS	253 GLADES RD	
CITY-ST-ZIP	BOWLING GREEN FL 33834	
TITLE	SD	
NAME	MARTINEZ, JOHNNY	
STREET ADDRESS	4716 CHURCH AVE	
CITY-ST-ZIP	BOWLING GREEN FL 33834	
TITLE	D	
NAME	MARTINEZ, JOSE A	
STREET ADDRESS	242 GLADES ST	
CITY-ST-ZIP	BOWLING GREEN FL 33834	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jose A Martinez Jose A Martinez 4/24/07 863 2145
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR Date Dollars Permitted