

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

APPROVED
AND
FILED

96 SEP -5 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 741988 (0)

1. Corporation Name

GOOD SHEPHERD MINISTRIES, INC.

Principal Place of Business

3003 MASSACHUSETTS AVE.
WASHINGTON DC 20008

Mailing Address

3003 MASSACHUSETTS AVE.
WASHINGTON DC 20008

3. Date Incorporated or Qualified
03/14/1978

3a. Date of Last Report
08/11/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

58-1598187

Applied For

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

10. Name and Address of New Registered Agent

SCHOFIELD, RUTH
4801 SOUTH SHORE ROAD
ORLANDO FL 32809

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHOFIELD, RUTH
STREET ADDRESS 4801 S. SHORE ROAD
CITY-ST-ZIP ORLANDO FL

TITLE SD
NAME LANGSTON, GERALDINE
STREET ADDRESS 2133 SANDY PLAINS ROAD
CITY-ST-ZIP MARIETTA GA 30068

TITLE VP
NAME WITT, SUSAN
STREET ADDRESS 3057 BAYER DRIVE
CITY-ST-ZIP MARINA CA 93933

TITLE V.P.
NAME SOMMER, LINDA
STREET ADDRESS 6716 WRIGHT RD NW
CITY-ST-ZIP ATLANTA GA

TITLE V.P.
NAME BRAD Schofield
STREET ADDRESS 1205 W. CAROLYN
CITY-ST-ZIP MT PLEASANT TX 75455

TITLE Sec/Treas
NAME Fred Schofield
STREET ADDRESS 6112 Houston Court
CITY-ST-ZIP Alexandria VA 22310

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Schofield, Ruth
1.3 STREET ADDRESS 4601 South Shore Road
1.4 CITY-ST-ZIP Orlando, FL 32809

2.1 TITLE VPD
2.2 NAME Schofield, Brad
2.3 STREET ADDRESS 1205 W. Carolyn
2.4 CITY-ST-ZIP Mt. Pleasant TX 75455

3.1 TITLE SD TD
3.2 NAME Schofield, Fred
3.3 STREET ADDRESS 6112 Houston Court
3.4 CITY-ST-ZIP Alexandria VA 22310

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

0018474

CR2E037 (3/96)