FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:38

DOCUMENT # **756167** (3)

1. Corporation Name

SHEPHERD CARE MINISTRIES, INC.

Principal Place of Business	Mailing Address
% REV. MELVIN R. KUNZ 5935 TAFT STREET, SUITE B HOLLYWOOD FL 33021	% REV. MELVIN R. KUNZ 5935 TAFT STREET, SUITE B HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/02/1981	3a. Date of Last Report: 06/13/1994
4. FEI Number: 59-2022925	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KUNZ, MELVIN R.
5935 TAFT STREET
SUITE B
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Melvin R Kunz — 1/24/95
(Signature of, or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	Chairman	☐ Change ☒ Addition
NAME	CRONK, STEPHEN	1.2 NAME	Covalt, Jim	
STREET ADDRESS	5226 S.W. 116TH TERRACE	1.3 STREET ADDRESS	15820 Sedgewyck Circle N	
CITY-ST-ZIP	COOPER CITY FL	1.4 CITY-ST-ZIP	Davie FL 33331	
TITLE	D	2.1 TITLE	Director	☐ Change ☒ Addition
NAME	LASER, CHARLES	2.2 NAME	Ratliff, Todd	
STREET ADDRESS	PO BOX 8604/NA	2.3 STREET ADDRESS	5800 SW 130th Avenue	
CITY-ST-ZIP	DEERFIELD BEACH FL	2.4 CITY-ST-ZIP	Fort Lauderdale FL 33308	
TITLE	D	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	THOMPSON, JACK	3.2 NAME	Nyce, John	
STREET ADDRESS	5721 RIVIERA DRIVE	3.3 STREET ADDRESS	4307 N Federal Highway	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	Fort Lauderdale FL 35308	
TITLE	D	4.1 TITLE	Director	☐ Change ☒ Addition
NAME	BINGHAM, GEORGE	4.2 NAME	Cox, John	
STREET ADDRESS	1514 URBINO AVENUE	4.3 STREET ADDRESS	850 SW 15th Avenue	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	Boca Raton FL 33486	
TITLE	D	5.1 TITLE	Director	☐ Change ☒ Addition
NAME	KREIZINGER, LOUREEN	5.2 NAME	Kudron, John	
STREET ADDRESS	2724 NE 35TH STREET	5.3 STREET ADDRESS	3001 Bayview Drive	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	Fort Lauderdale FL 33306	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Melvin R Kunz (Melvin R. Kunz) 1/24/95 3-5-98-2000
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0036132