FILE NOW: FILING FEE IS $61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 756167

Corporation Name
SHEPHERD CARE MINISTRIES,INC.

Principal Place of Business	Mailing Address
%Rev. Melvin R. Kunz 5935 Taft St. Suite B Hollywood, Fl 33021	%Rev. Melvin R. Kunz 5935 Taft St. SiuteB Hollywood, Fl 33021

3. Date Incorporated or Qualified: 02/02/1981
3a. Date of Last Report:

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

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

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
Kunz,Melvin R. 5935 Taft Street Suite B Hollywood, Fl 33021	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: Melvin R. Kunz, President — 12/3/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE: 11/17/97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Butler,John		1.2 NAME	
STREET ADDRESS	5850 SW 85th St.		1.3 STREET ADDRESS	
CITY-ST-ZIP	South Miami, Fl		1.4 CITY-ST-ZIP	4000102386504
TITLE	D	☐ DELETE	2.1 TITLE	-12/10/97- ☐ Change ☐ Addition
NAME	Wood,Jeff		2.2 NAME	*****61.25 *****61.25
STREET ADDRESS	1999 NE 15 Avenue		2.3 STREET ADDRESS	
CITY-ST-ZIP	Ft Lauderdale, Fl		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Nyce,John		3.2 NAME	
STREET ADDRESS	4367 N Federal Highway		3.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, Fl		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Ratliff,Todd		4.2 NAME	
STREET ADDRESS	5920 Rodman St.		4.3 STREET ADDRESS	
CITY-ST-ZIP	Hollywood, Fl		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Cobb,Paul		5.2 NAME	
STREET ADDRESS	9000 Sheridan St. W		5.3 STREET ADDRESS	
CITY-ST-ZIP	Pembroke Pines, Fl		5.4 CITY-ST-ZIP	A. Alan 11/26/97
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	Covalt,Jim		6.2 NAME	
STREET ADDRESS	15820 Sedgewyck Circle N		6.3 STREET ADDRESS	
CITY-ST-ZIP	Davie, Fl		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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: Melvin R. Kunz — 12/3/97 — 11/17/97 — (954) 981-2060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Melvin R. Kunz

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Shepherd Care Ministries

"Mending Broken Lives"

Comprehensive Crisis Pregnancy Services • Adoptions Services • Counseling Services
Main Office - 5935 Taft Street, Hollywood, Florida 33021 - E-Mail address - Shepherd@bellsouth.net
Broward (954) 981-2060 Fax (954) 981-2117 • Dade (305) 621-1999 • West Palm Beach (407) 588-3649 • Orlando (407) 290-3286

COPY

October 10, 1997

Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

RE: NON-PAYMENT OF $175 REINSTATEMENT FEE

Dear Sir or Madam:

Shepherd Care Ministries, Inc., a non-profit ministry, has received a notice of Administrative Dissolution or Revocation.

As Associate Director, I remember filling out the 1997 Corporate Report several months ago, and made several changes in the Officer/Director box—some of those changes showed up on the application for reinstatement. However, when I checked my records I have no record of the check for $61.25, so I am sure the office sent the form in without the check.

When I called regarding this, they told me that the only way allowances can be made for non-payment of the Reinstatement Fee of $175.00 is to submit my request in writing. I therefore ask for mercy in this case that we might re-submit our Corporate Report and pay the $61.25. In the event you allow us to do that, would you please send me a copy of the report?

Thank you for your consideration. I have no idea why we never sent the fee in or why some of the changes I made showed up on the Reinstatement Form but we received no reply from the State regarding non-payment.

Sincerely,

Stephen Cronk
Associate Director
SC:gos