

FILE NOW: FILING FEE IS \$61.25

FILED
May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **769097 (7)**
1. Corporation Name
THE SHEPHERD PROGRAM OF BONITA SPRINGS & ESTER S TERO, INC.



Principal Place of Business 25815 HICKORY BLVD. NO. 1 BONITA SPRINGS FL 33925	Mailing Address P.O. BOX 3077 BONITA SPRINGS FL 34133-3077
---	--

3. Date Incorporated or Qualified 06/24/1983	3a. Date of Last Report 04/08/1996
--	--

2. Principal Place of Business 21	2a. Mailing Address 26 25815 Hickory BLVD	4. FEI Number 59-2348043	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 No. 1	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28 BONITA SPRINGS FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24 34134	Country 25	Zip 29 34134	Country 30 LEE

9. Name and Address of Current Registered Agent WEST, JOHN 27801 MEADOWLARK LANE BONITA SPRINGS FL 33923-4198		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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, JOHN	1.2 NAME	
STREET ADDRESS	27800 MEADOWLARK LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	BONITA SPRINGS FL 33923	1.4 CITY - ST - ZIP	
TITLE	VPSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUMP, DOROTHEA	2.2 NAME	
STREET ADDRESS	316 VIKING WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 33942	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENGSTORFF, LES G	3.2 NAME	
STREET ADDRESS	25815 HICKORY BLVD., #1	3.3 STREET ADDRESS	
CITY - ST - ZIP	BONITA SPRINGS FL 33923	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUVER, JOHN	4.2 NAME	
STREET ADDRESS	28036 ANDIRON PLACE	4.3 STREET ADDRESS	
CITY - ST - ZIP	ESTERO FL 33928	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Les G Rengstorff **4/22/97** **941-947-1584**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0080306

CR2E037 (9/96)