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Apr 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33922	Mailing Address 25815 HICKORY BLVD NO 1 BONITA SPRINGS FL 34134 US
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3. Date Incorporated or Qualified 06/24/1983	
4. FEI Number 59-2348043	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 34134	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip U.S.
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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 *[Signature]* DATE *[Date]*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	WEST, JOHN	
STREET ADDRESS	27800 MEADOWLARK LANE	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	TRUMP, DOROTHEA	
STREET ADDRESS	316 VIKING WAY	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	RENGSTORFF, LES G	
STREET ADDRESS	25815 HICKORY BLVD., #1	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRUVER, JOHN	
STREET ADDRESS	28036 ANDIRON PLACE	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	ZIP 34134	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	34134	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Robert J. Tuyls	
5.3 STREET ADDRESS	27852 LIME ST.	
5.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34133	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *[Signature]* *[Signature]* 4/1/98 941-947-1584

CR2E037 (10/97)