

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90124 027 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 769097

1. Corporation Name
THE SHEPHERD PROGRAM OF BONITA SPRINGS & ESTER S TERO, INC.

450527 - 90243 - 40

Principal Place of Business 25815 HICKORY BLVD. NO. 1 BONITA SPRINGS FL 34134 US	Mailing Address 25815 HICKORY BLVD NO 1 BONITA SPRINGS FL 34134 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/24/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2348043 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent WEST, JOHN 27801 MEADOWLARK LANE BONITA SPRINGS FL 33923-4196	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
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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 _____ DATE _____
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input checked="" type="checkbox"/> PD <input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME WEST, JOHN	1.2 NAME
STREET ADDRESS 27801 MEADOWLARK LANE	1.3 STREET ADDRESS 27801 MEADOWLARK LANE	CITY-ST-ZIP BONITA SPRINGS FL 34134	1.4 CITY-ST-ZIP
TITLE <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 <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 34134	3.4 CITY-ST-ZIP
TITLE <input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME TUYLS, ROBERT J	5.2 NAME
STREET ADDRESS 27852 LIME ST	5.3 STREET ADDRESS	CITY-ST-ZIP BONITA SPRINGS FL 34133	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 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Les Rengstorff* 941-947-1584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
LG RENGSTORFF

CR2E037 (11/98)