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 APR 12 PM 12:20

DOCUMENT # N18699 (1)

1. Corporation Name
CHRIST THE GOOD SHEPHERD MINISTRIES INDEPENDENT CATHOLIC ALLIANCE, INC.

Principal Place of Business	Mailing Address
6087 CARTWRITE ROAD SPRINGHILL FL 34609	P O BOX 12243 BROOKSVILLE FL 34601 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/12/1987
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2747650 ☐ 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 HC-1, Box 702	26 P.O. Box 447
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: OLD Town, FL	28 City & State: OLD Town, FL
24 Zip: 32680 25 Country: U.S.A.	29 Zip: 32680 30 Country: U.S.A.

9. Name and Address of Current Registered Agent

MCCARTHY REV RONALD C
6087 CARTWRITE RD
BROOKSVILLE FL 34609

10. Name and Address of New Registered Agent

81 Name: Rev. Ronald C. Mc Carthy
82 Street Address (P.O. Box Number is Not Acceptable): HC-1, Box 702
83
84 City: OLD Town FL 85 Zip Code: 32680

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: Rev. Ronald C. Mc Carthy — 4-8-95
Signature, typed 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	PD	11 TITLE	☒ Change ☐ Addition: PD
NAME	MCCARHY RONALD C	12 NAME	Rev. Ronald C. Mc Carthy (Pastor)
STREET ADDRESS	6087 CARTWRITE RD	13 STREET ADDRESS	HC-1, Box 702
CITY-ST-ZIP	BROOKSVILLE FL	14 CITY-ST-ZIP	OLD Town, FL 32680
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	TARBOX DENISE T	22 NAME	
STREET ADDRESS	ROUTE 1 BOX 357	23 STREET ADDRESS	
CITY-ST-ZIP	MORRISTON FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☒ Change ☐ Addition: SD
NAME	WIESNER, DONNA R.	32 NAME	Douglas P. Smith
STREET ADDRESS	7986 53RD WAY NORTH	33 STREET ADDRESS	4965 N. Longbow Loop
CITY-ST-ZIP	PINELLAS PARK FL	34 CITY-ST-ZIP	Hernando, FL 34442
TITLE	T	41 TITLE	☒ Change ☐ Addition: TD
NAME	EMERY, PAULETTE B	42 NAME	Rev. Miriam S. Busquer
STREET ADDRESS	8850 56TH ST NO	43 STREET ADDRESS	965 Sunrise Drive
CITY-ST-ZIP	PINELLAS PARK FL	44 CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Rev. Ronald C. Mc Carthy Rev. Ronald C. Mc Carthy 4.8.95 (904)542-3434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0065669

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT SECTION AT (904) 487-6056.

FILING FEE $130.00	ANNUAL REPORT $61.25 + $68.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

Reminder:

1. Changes in addresses, officers and registered agent must be typed or printed in ink and legible.
2. Include information in Blocks 3 and 4 if not preprinted by the computer.
3. Signature of the proper officer or director as noted in instructions for Block 14.
4. Indicate liability for intangible tax under s. 199.032, Florida Statutes, in Block 8.
5. Submit with total amount due in the form of a separate check for each filing. (Payable in United States Funds through a United States Bank to Department of State.) Fee is $130.00.

Block 1. Block 1 is preprinted with the corporation's nar ...s as previously reported to our office. The name of corporation cannot be changed by way of th...

Please Note FILED SECRETARY OF STATE DIVISION OF CORPORATIONS HC-195 APR 13 PM 12:19 is the Street address. Thank you!

Block 2. Enter the principal place of business if different ...eviously reported, in Block 2.

Block 2a. If the computer-entered mailing address in Bloc ...fice Box is acceptable.

Block 3. Enter the date of incorporation or qualification ...

Block 3a. Enter the file date of the last filed annual report.

Block 4. Complete Block 4 by entering your Federal Emp ...f "applied for" is preprinted in Block 4, you must now provide the FEI number. For assistance wit...

Block 5. Should you desire a certificate reflecting your c ...k 5 and include an additional $8.75 with your filing fee.

Block 6. Florida law allows for a voluntary contribution of ...f political campaigns for the offices of the Governor and members of the Cabinet. If you would like to...

Block 7. If this corporation is a non-profit corporation ex ...ce Code, please check the box. The corporation is not subject to the $68.75 supplemental corpo... ofit corporations must pay the supplemental corporation fee. Please direct all questions to th...

Block 8. Check the appropriate box. Please direct all intar ...1.

Block 9. The law requires that each corporation have a Re ...Block 9 is incorrect, enter the correct information in Block 10. There is no additional fee to change ... registered agent on this form.

Block 10. Enter name of new Registered Agent and/or new address. This must be a Florida Street address. A P.O. Box or mail service is NOT acceptable for service of process. THE CORPORATION CANNOT BE ITS OWN REGISTERED AGENT but an officer or director can.

Block 11. The new registered agent must indicate familiarity with section 607.0505, Florida Statutes, and acceptance of these obligations and this appointment by completing and signing in Block 11. No signature is necessary if the same Registered Agent is retained. If the Registered Agent is a different corporation, the person signing must state their position with the corporation. NOTE: Registered agent signature required when reinstating on this form.

Block 12. Block 12 contains the last information on officers/directors reported to our office. Please do not make any marks in block 12, corrections or additions are to be made in block 13. If there is no change in the information, nothing else is required.

Block 13. Block 13 is for changes or additions to the existing Officers/Directors in Block 12. Changes must be typed or printed and legible. Use the following type symbols on the title line: *P=President; V=Vice President; T=Treasurer; S=Secretary; D=Director; C=Chairman; M=Managing Director. If a person holds more than one position, enter all positions, e.g., S/D; V/S; V/T/D.* A NON-PROFIT CORPORATION MUST LIST THREE (3) DIRECTORS OR TRUSTEES WITH THEIR STREET ADDRESSES. THE LETTER "D" or "T" MUST BE PLACED BY THE NAME OF EACH DIRECTOR. NOTE: A DIRECTOR MUST BE A NATURAL PERSON 18 YEARS OF AGE OR OLDER. NOTE: If officer or director's address is confidential pursuant to Section 119.07(k), Florida Statutes, an alternate address must be provided. Officers/Directors must list street addresses. If there is no street address, enter the mailing address and "N/A".

Block 14. This report must be signed in Block 14 with an original signature by either the President, Vice President, Secretary, Treasurer or Director of the Corporation that is listed in Block 12, Block 13 if a change, or on an attachment with a street address. If the corporation is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 14 is unacceptable.

Send only 1995 Preprinted Annual Reports with stub and check to:

Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, Florida 32302-1500
Phone Number: (904) 487-6056

Send all other filings and correspondence to this address:

Annual Reports Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Street Address (Overnight Delivery):

409 East Gaines Street
Tallahassee, Florida 32399

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will administratively dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the prescribed time frame.