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**NONPROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Apr 11 1997 8:00am Secretary of State

CHRIST	MENT # THE GOOD DLIC ALLIANCE	SHEPHERD M		(1) s independ	ENT							
Principal Plac	ce of Business		Mailing	g Address	<u></u>			# 30 0 15 10 1 00 1 15 00 1 10 1 10 1 10	HELF 34811 WIT	F) WIWII WYWI		110111-1001
HC-1, BOX 702 P.O. BOX 447 OLD TOWN FL 32680 OLD TOWN FL 32680-0447												
US			US					3. Date Incorporated or Qualified 01/12/1987		ate of La 04/11/1		ort
2. Principal Place of Business			2a. Ma	2a. Mailing Address				4. FEI Number			Applied For	
21 Suite Ant	Suite, Apt #, etc.			Suite, Apt. #, etc.				59-2747650			Not Applicable	
Suite, Apr. #, etc.			<del> </del>	Suite, Apt. #, etc.				5. Certificate of Status Desired			\$8.75 Additional Fee Required	
City & Stat	ite			y & State				6. Election Campaign Financing		\$5.	00 м	av Be
23			28			<del></del>		Trust Fund Contribution		Add	ed to f	Fees
Zip 24]	25	Country	29 Zip	•	Coun	try		This corporation has liability for Florida Statutes	intangible ☐ Yes 】		er s. 19	99.032,
<u>:41</u>		Address of Curren		d Agent	1901	<del></del>		10. Name and Address of New Ro				
						1 Name						
MCCART	THY REV RONAL	DC			ا ا	32 Street	Addres	is (P.O. Box Number is Not Acceptal	blel			
HC-1, BOX 702							Addies	is (r.o. box radinger is not Accepta				
	WN FL 32680				[8	33						
					ļ.	4 City		**************************************		85 4	Zip Coo	de
				·					FL		•	
SIGNATURE								ation submits this statement for the n's board of directors. I hereby acce				
12.		ed name of registered age	ent and little if app	nicable (NO RS	TE: Registered a	Agent signatur	e required	when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS ANI	D DIRECT	TORS I	IN 12
	PD McC	ed name of registered age OFFICERS AN	ent and little if app	nicable (NO	TE: Registered :	Agent signatur	e required	when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS ANI	····	TORS I	
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I for indexty defining that the information supplied with this initing does not qualify to the exemption stated in Section 119.07(3)(j), Fiorida Statutes. I turner certify that the information indicated on this 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 of director of the corporation of 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 3 if charge), or on an attachment with an address.

SIGNATURE: