

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

1995  
 APR 14 1995



STATE OF FLORIDA  
 DEPARTMENT OF REVENUE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N30564** (1)

30 MAY -1 AM 8:12

**THE SHEPHERD'S SANCTUARY, INCORPORATED**

3325 GRIFFIN RD #177 FT LAUDERDALE FL 33312 US		3325 GRIFFIN RD #177 FT LAUDERDALE FL 33312 US		3. Date incorporated or qualified <b>02/08/1989</b>		3a. Date of Last Report <b>04/05/1994</b>	
21. <b>3325 Griffin Rd #177</b>		26. <b>Same as above</b>		4. FIC Number <b>65-0087707</b>		Applied For Not Applicable	
22. <b>#177</b>		27. <b>#177</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. <b>Ft Land., FL</b>		28. <b>Ft Land., FL</b>		6. This corporation has a paid and unpaid franchise tax <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. <b>33312</b>		25. <b>Broward</b>		29. <b>33312</b>		30. <b>Broward</b>	
9. Name and Address of Current Registered Agent <b>WILSON, DEBORAH D 3325 GRIFFIN RD #177 FT LAUDERDALE FL 33312</b>				10. Name and Address of New Registered Agent <b>DEBORAH D. WILSON 3325 Griffin Rd #177 FT. Lauderdale FL 33312</b>			

11. Pursuant to the provisions of Sections 607.01(1)(b) and 607.01(2)(b), 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *Deborah D. Wilson Sec./Treasurer* 4/7/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME: <b>D MONTGOMERY, JACK E.</b>	STREET ADDRESS: <b>1400 N. DIAMOND ST. JACKSONVILLE IL</b>	1. NAME: <b>EUGENE P. WILSON</b>	1. CHANGE <input checked="" type="checkbox"/> ADDITION <input type="checkbox"/>
NAME: <b>WILSON, EUGENE P.</b>	STREET ADDRESS: <b>3325 GRIFFIN RD. #177 FT. LAUDERDALE FL</b>	2. NAME: <b>Pam Jones</b>	2. CHANGE <input checked="" type="checkbox"/> ADDITION <input type="checkbox"/>
NAME: <b>WILSON, DEBORAH D.</b>	STREET ADDRESS: <b>3325 GRIFFIN RD. #177 FT. LAUDERDALE FL</b>	3. NAME: <b>DEBORAH D. Wilson</b>	3. CHANGE <input checked="" type="checkbox"/> ADDITION <input type="checkbox"/>
NAME: <b>MELDER, JOHN R.</b>	STREET ADDRESS: <b>2424 MONROE STREET HOLLYWOOD FL</b>	4. NAME: <b>John R. Melder</b>	4. CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
NAME: <b>HWARD MADSEN</b>	STREET ADDRESS: <b>1545 HILBY RD. MURRAYSVILLE, PA.</b>	5. NAME: <b>HWARD MADSEN</b>	5. CHANGE <input type="checkbox"/> ADDITION <input checked="" type="checkbox"/>

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.01(2)(b), Florida Statutes. Further, I certify that the information submitted on this annual report or supplemental annual report is from and is accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the member or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 as designated or on an attachment with an address.

SIGNATURE: *Eugene P. Wilson, President & Director* 4/7/95 (706) 457-7567

N30564

2

The Officers are as listed below  
for Shepherd's Sanctuary, Inc.  
Ref. # N30564

Title (D) PRESIDENT *change from last year*  
NAME Eugene P. Wilson  
STREET ADDRESS 3325 Griffin Rd #177  
CITY Fort Laud., FL 33312  
ST. ZIP

Title (D) Vice Pres. / TREASURER *change from last year*  
NAME DEBORAH J. Wilson  
STREET ADDRESS 3325 GRIFFIN RD #177  
CITY Ft. Laud., FL 33312  
ST ZIP

Title ~~ADD~~ (D) Secretary *ADDITION*  
NAME Pamela Jones  
STREET ADDRESS 36 OXFORD St.  
CITY Turtle Creek  
ST-ZIP PA. 15145

Title (D)  
NAME John Melder  
STREET ADDRESS 2424 Monroe St.  
CITY Hollywood, FL 33020  
State ZIP

Title BOARD MEMBER / V.P. of Communications *ADDITION*  
NAME HOWARD MADDEN  
STREET ADDRESS 1345 Hilly Rd  
CITY MURRAYSVILLE, PA. 15668  
State ZIP