


FILED

May 14 1997 8:00am
Secretary of State

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N30564** (1)
Corporation Name
THE SHEPHERD'S SANCTUARY, INCORPORATED



Principal Place of Business 5 GRIFFIN RD SUITE 177 FT LAUDERDALE FL 33312	Mailing Address 3325 GRIFFIN RD SUITE 177 FT LAUDERDALE FL 33312-5500 US
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3. Date Incorporated or Qualified 02/08/1989	3a. Date of Last Report 05/01/1996
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Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0087707	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**WILSON, DEBORAH D
3325 GRIFFIN RD
#177
FT LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

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.

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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ST ADDRESS ST-ZIP	D JONES, PAM 36 OXFORD ST TURTLE CREEK PA <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VP - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ST ADDRESS ST-ZIP	P WILSON, EUGENE P 3325 GRIFFIN RD. #177 FT. LAUDERDALE FL <input type="checkbox"/> DELETE	1.2 NAME	PHILLIP BERNARD
ST ADDRESS ST-ZIP	VPT WILSON, DEBORAH D 3325 GRIFFIN RD. #177 FT. LAUDERDALE FL <input type="checkbox"/> DELETE	1.3 STREET ADDRESS	178 S. Main St. #143
ST ADDRESS ST-ZIP	VP MADDEN, HOWARD 1545 HILTY RD MURRAYSVILLE PA <input checked="" type="checkbox"/> DELETE	1.4 CITY - ST - ZIP	TRENTON, GA. 30752
ST ADDRESS ST-ZIP	D SEIDNER, LEIGH 640 SW 158TH LANE SUNRISE FL 33326 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	2.2 NAME	
ST ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
ST ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	2.4 CITY - ST - ZIP	
ST ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	3.2 NAME	
ST ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
ST ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP	
ST ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	4.2 NAME	
ST ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
ST ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY - ST - ZIP	
ST ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	5.2 NAME	
ST ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
ST ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP	
ST ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	6.2 NAME	
ST ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
ST ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	6.4 CITY - ST - ZIP	

CR2E037 (9/96)

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: **Deborah D. Wilson** **DEBORAH D. Wilson** 4/28/97 954-389-1249
Date