

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Wortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 1. Corporation Name The Shepherd's Sanctuary, Inc.
N30564

Principal Place of Business Mailing Address
3325 Griffin Road # 177
Fort Lauderdale, Fl. 33312

21 <u>3325 Griffin Rd</u>	22 <u>177</u>	23 <u>Fl. Land., FL.</u>	24 <u>33312</u>	25 <u>Broward</u>	26 <u>3325 Griffin Rd.</u>	27 <u>177</u>	28 <u>Fl. Lauderdale, FL.</u>	29 <u>33312</u>	30 <u>Broward</u>
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3. Date Incorporated or Qualified

4. FEI Number 45-0087707 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. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent <u>DEBORAH Wilson</u> <u>3325 GRIFFIN RD #177</u> <u>Ft. Lauderdale, FL. 33312</u>				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 <u>FL</u>	

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 _____ (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<u>PRESIDENT/D</u>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Eugene P. Wilson</u>	1.2 NAME	
STREET ADDRESS	<u>3325 Griffin Rd. #177</u>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<u>FT. LAUDERDALE, FL. 33312</u>	1.4 CITY-ST-ZIP	
TITLE	<u>VPT/D</u>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>DEBORAH Wilson</u>	2.2 NAME	
STREET ADDRESS	<u>3325 Griffin Rd. #177</u>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<u>Ft. Lauderdale, FL. 33312</u>	2.4 CITY-ST-ZIP	
TITLE	<u>VPO</u>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>PHILLIP BERNARD</u>	3.2 NAME	
STREET ADDRESS	<u>178 S. MAIN ST #143</u>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<u>TRENTON, GA 30752</u>	3.4 CITY-ST-ZIP	
TITLE	<u>D</u>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>LEIGH SEIDNER</u>	4.2 NAME	
STREET ADDRESS	<u>640 SW 15th LN</u>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<u>SUNRISE FL. 33326</u>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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.

SIGNATURE: Deborah D. Wilson **DEBORAH D. WILSON** 4/28/98 954-981-0495
Date Daytime Phone #

CR2E037 (10/97)