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Secretary of State

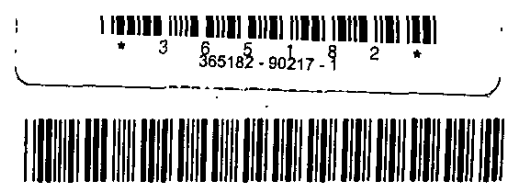
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30564

1. Corporation Name
THE SHEPHERD'S SANCTUARY, INCORPORATED

Principal Place of Business 3325 GRIFFIN RD SUITE 177 FT LAUDERDALE FL 33312 US	Mailing Address 3325 GRIFFIN RD SUITE 177 FT LAUDERDALE FL 33312 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/08/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0087707
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	WILSON, EUGENE	
STREET ADDRESS	3325 GRIFFIN RD. #177	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	VPTD	
NAME	WILSON, DEBORAH	
STREET ADDRESS	3325 GRIFFIN RD. #177	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	VPD	
NAME	BERNARD, PHILLIP	
STREET ADDRESS	3325 GRIFFIN RD. #177	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	D	
NAME	SEIDNER, LEIGH	
STREET ADDRESS	640 SW 158TH LANE	
CITY-ST-ZIP	SUNRISE FL 33326	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
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, with all other like empowered.

SIGNATURE: *Deborah D. Wilson* SIGNATURE REQUIRED *Deborah D. Wilson* 4/17/99 954/742-8174

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