

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36393** (9)

1. Corporation Name  
**CARING SHEPHERD MINISTRIES, INC.**



Principal Place of Business <b>5075 CR 218 MIDDLEBURG FL 32068 US</b>	Mailing Address <b>5075 CR 218 MIDDLEBURG FL 32068-3553 US</b>
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2. Principal Place of Business <b>21 12250 SW 70 ST</b>		2a. Mailing Address <b>26 P.O. BOX 806</b>		3. Date Incorporated or Qualified <b>01/30/1990</b>		3a. Date of Last Report <b>05/01/1996</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-2991727</b>		Applied For <input type="checkbox"/> Not Applicable	
City & State <b>22 CEDAR KEY FL</b>		City & State <b>27 CEDAR KEY FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24 32625</b>	Country <b>25 US</b>	Zip <b>28 32625</b>	Country <b>30 US</b>	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 <b>WILSON, DONALD R. 335 NW DEER AVE KEYSTONE HEIGHTS FL 32056</b>				10. Name and Address of New Registered Agent			
b1 Name				b2 Street Address (P.O. Box Number is Not Acceptable) <b>12250 SW 70 ST</b>			
b3				b4 City <b>CEDAR KEY</b> <b>FL</b> b5 Zip Code <b>32625</b>			

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, DONALD R.		1.2 NAME				
STREET ADDRESS	335 NW DEER AVE		1.3 STREET ADDRESS	<b>12250 SW 70 ST</b>			
CITY-ST-ZIP	KEYSTONE HEIGHTS FL		1.4 CITY-ST-ZIP	<b>CEDAR KEY FL 32625</b>			
TITLE	BY	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>DR</b>			<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SELLERS, MARK A.		2.2 NAME	<b>WILSON, JR., DONALD R.</b>			
STREET ADDRESS	2502 HALPERN WAY		2.3 STREET ADDRESS	<b>8367 NE 150 AV.</b>			
CITY-ST-ZIP	MIDDLEBURG FL		2.4 CITY-ST-ZIP	<b>WILMINGTON FL 32696</b>			
TITLE	DO	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>DS</b>			<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SELLERS, ALICE P.		3.2 NAME	<b>WILSON, MARYANN</b>			
STREET ADDRESS	2502 HALPERN WAY		3.3 STREET ADDRESS	<b>8367 NE 150 AV.</b>			
CITY-ST-ZIP	MIDDLEBURG FL		3.4 CITY-ST-ZIP	<b>WILMINGTON FL 32696</b>			
TITLE	DT	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>DT</b>			<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRURY, JACKIE		4.2 NAME	<b>CAMPBELL, KAREN</b>			
STREET ADDRESS	5203 BIG BRANCH ROAD		4.3 STREET ADDRESS	<b>12250 SW 70 ST</b>			
CITY-ST-ZIP	MIDDLEBURG FL		4.4 CITY-ST-ZIP	<b>CEDAR KEY FL 32625</b>			
TITLE	DO	<input checked="" type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWE, ALLAN G.		5.2 NAME				
STREET ADDRESS	2033 N.W. 21 ST., TERR		5.3 STREET ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	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 do 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: Donald R. Wilson 4-12-97 (352) 543-6311  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 00000002

CR2E037 (9/96)