

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50970 (5)
1. Corporation Name
THE SHEPHERD'S STAFF COUNSELING CENTER, INC.



Principal Place of Business
**3530 SE FORT KING ST
OCALA FL 34482
US**

Mailing Address
**P O BOX 770572
OCALA FL 34482
US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/21/1992		3a. Date of Last Report 04/12/1995	
21		26		4. FEI Number 59-3147258		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FERGUSON, S. DOUGLAS 9913 N.W. HWY. 326 OCALA FL 34482				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code FL			

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 **S. DOUGLAS FERGUSON**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FERGUSON, S. DOUGLAS			1.2 NAME			
STREET ADDRESS	9913 N.W. HWY. 326			1.3 STREET ADDRESS			
CITY - ST - ZIP	OCALA FL			1.4 CITY - ST - ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FERGUSON, FAITH D.			2.2 NAME			
STREET ADDRESS	9913 N.W. HWY. 326			2.3 STREET ADDRESS			
CITY - ST - ZIP	OCALA FL			2.4 CITY - ST - ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARREN, RICHARD H.			3.2 NAME			
STREET ADDRESS	13070 S.W. 92ND PLACE			3.3 STREET ADDRESS			
CITY - ST - ZIP	DUNNELLON FL			3.4 CITY - ST - ZIP			
TITLE	DIRECTOR	<input type="checkbox"/> DELETE		4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ANDY STEPHENS			4.2 NAME	ANDY STEPHENS		
STREET ADDRESS	4640 N.E. 7th St.			4.3 STREET ADDRESS	4640 N.E. 7th St.		
CITY - ST - ZIP	OCALA, FL 34470			4.4 CITY - ST - ZIP	OCALA FL 34470		
TITLE	DIRECTOR	<input type="checkbox"/> DELETE		5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Tommy Cleland			5.2 NAME	TOMMY CLELAND		
STREET ADDRESS	4324 N.E. JACKSONVILLE RD.			5.3 STREET ADDRESS	4324 N.E. JACKSONVILLE RD		
CITY - ST - ZIP	OCALA, FL 34479			5.4 CITY - ST - ZIP	OCALA, FL 34479		
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

S. Douglas Ferguson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96
Date

Daytime Phone #

CR2E037 (12/95)