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May 06 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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



Principal Place of Business Mailing Address  
3530 BE FORT KING ST P O BOX 770572  
OCALA FL 34482 US  
US

3. Date Incorporated or Qualified 09/21/1992 3a. Date of Last Report 02/28/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3147258	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERGUSON, S. DOUGLAS  
9913 N.W. HWY. 328  
OCALA FL 34482

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 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	1.1 TITLE	Change Addition
NAME	FERGUSON, S. DOUGLAS	1.2 NAME	
STREET ADDRESS	9913 N.W. HWY. 328	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	Change Addition
NAME	STEPHENS, ANDY	2.2 NAME	
STREET ADDRESS	4840 NE 7TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	Change Addition
NAME	CLELAND, TOMMY	3.2 NAME	
STREET ADDRESS	4324 NE JACKSONVILLE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change 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.

CR2E037 (9/96)