


FILE NOW: FILING FEE IS \$61.25

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Feb 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003928 (8)**

1. Corporation Name

SHEPHERD'S CENTER OF TEMPLE TERRACE, INC.



Principal Place of Business 502 DRUID HILLS DRIVE TEMPLE TERRACE FL 33617	Mailing Address 502 DRUID HILLS DRIVE TEMPLE TERRACE FL 33617
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3. Date Incorporated or Qualified 08/04/1994	
4. FEI Number 59-3486393 50-0270192	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent REZABEK, ANN 11011 KEWANEE DRIVE TEMPLE TERRACE FL 33617	
81 Name	
82 Street Address (P.O. Box acceptable)	
83	
84 City	FL
85 Zip Code	

10. Name and Address of Registered Agent	
81 Name	
82 Street Address (P.O. Box 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	
TITLE	D <input type="checkbox"/> DELETE
NAME	REZABEK, ANN L
STREET ADDRESS	11011 KEWANEE DRIVE
CITY-ST-ZIP	TEMPLE TERRACE FL 33617
TITLE	D <input type="checkbox"/> DELETE
NAME	WILLIAMS, MARLENE
STREET ADDRESS	11405 TULLAMORE
CITY-ST-ZIP	TEMPLE TERRACE FL 33617
TITLE	D <input type="checkbox"/> DELETE
NAME	KNOPKE, VIRGINIA
STREET ADDRESS	725 GRAND CIRCLE
CITY-ST-ZIP	TEMPLE TERRACE FL 33617
TITLE	D <input type="checkbox"/> DELETE
NAME	KEATING, DOROTHY H
STREET ADDRESS	6502 "A" MARKSTOWN DR.
CITY-ST-ZIP	TAMPA FL 33617
TITLE	D <input type="checkbox"/> DELETE
NAME	STADEL, JEROLD R REV.
STREET ADDRESS	1014 PINEGROVE DR.
CITY-ST-ZIP	BRANDON FL 33511
TITLE	D <input type="checkbox"/> DELETE
NAME	BECK, KATHY J
STREET ADDRESS	220 W. BRANDON BLVD. #108
CITY-ST-ZIP	BRANDON FL 33511

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

CP2E037 (1097)