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May 14 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N95000004943 (5)

1. Corporation Name

SHEPHERD'S PROMISE, INC.



Principal Place of Business

Mailing Address

SHEPHERD'S PROMISE
3240 N FEDERAL HWY
BOCA RATON FL 33431
US

5743 VISTA LINDA LANE
BOCA RATON FL 33433

3. Date Incorporated or Qualified

10/16/1995

4. FEI Number

65-0625813

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1328 SE 2ND AVE

22 City & State

27 DEERFIELD BEACH FL

23 Zip Country

28 33441 30 BROWARD

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCOTT, THOMAS R
5743 VISTA LINDA LANE
BOCA RATON FL 33433

81 Name R. ROBERT DUMMICH

82 Street Address (P.O. Box Number is Not Acceptable)
1328 SE 2ND AVE

83

84 City DEERFIELD BEACH FL 85 Zip Code 33441

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 0
NAME SCOTT, THOMAS R
STREET ADDRESS 5743 VISTA LINDA LANE
CITY-ST-ZIP BOCA RATON FL 33433

1.1 TITLE D, TREASURER
1.2 NAME DUMMICH, ROBERT R.
1.3 STREET ADDRESS 1328 SE 2ND AVE
1.4 CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE 0
NAME BICKEL, DAVID
STREET ADDRESS 4609 APPALACHIAN ST
CITY-ST-ZIP BOCA RATON FL

2.1 TITLE D
2.2 NAME REED, HOWARD
2.3 STREET ADDRESS 1400 SW 5TH ST.
2.4 CITY-ST-ZIP BOCA RATON FL 33486

TITLE 0
NAME IACONA, RICK
STREET ADDRESS 9730 ENCHANTED POINT LN
CITY-ST-ZIP BOCA RATON FL 33496

3.1 TITLE D
3.2 NAME MORTENSON, KRISTOPHER
3.3 STREET ADDRESS 363 PAULUS CT.
3.4 CITY-ST-ZIP BOCA RATON FL 33486

TITLE 0
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE D
4.2 NAME TAYLOR, MICHAEL
4.3 STREET ADDRESS 567 TRIVOLI TRACE CIR. #204
4.4 CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE 0
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE 0
NAME
STREET ADDRESS
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.

SIGNATURE

R. Robert Dummich

4/28/98

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