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Jul 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002897 (4)**

1. Corporation Name

GOOD SHEPHERD CARE, INC.

Principal Place of Business

**10460 ROOSEVELT BLVD., #174
ST. PETERSBURG FL 33716-3818**

Mailing Address

**10460 ROOSEVELT BLVD., #174
ST. PETERSBURG FL 33716-3821**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/28/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	10460 ROOSEVELT BLVD	4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	#174	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	LAKE WALES FL.	28	ST PETERSBURG FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Zip 33853	29	Zip 33716	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
25	Country POLK	30	Country PINELLAS				

9. Name and Address of Current Registered Agent

**MAGUIRE, PATRICK T
308 N. BELCHER RD.
CLEARWATER FL 34625**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 **PATRICK T. MAGUIRE - REGISTERED AGENT**

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	DK	<input type="checkbox"/> DELETE		1.1 TITLE	D/S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BROWN, REV. JERRY F			1.2 NAME	BRIAN BROWN		
STREET ADDRESS	L.B.C., 307 ABC RD.			1.3 STREET ADDRESS	307 ABC RD - LBC		
CITY-ST-ZIP	LAKE WALES FL 33853			1.4 CITY-ST-ZIP	LAKE WALES FL 33853		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DURRANCE, REV. NED E			2.2 NAME	BETTY LYONS		
STREET ADDRESS	2100 - 5TH AVE. NORTH			2.3 STREET ADDRESS	9 EASY STREET		
CITY-ST-ZIP	ST. PETERSBURG FL 33713			2.4 CITY-ST-ZIP	LAKE WALES FL 33853		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GIRARD, PETER J			3.2 NAME	REGINALD MCLEAN		
STREET ADDRESS	312 COUNTRY CLUB DR.			3.3 STREET ADDRESS	307 ABC RD LBC		
CITY-ST-ZIP	OLDSMAR FL 34677			3.4 CITY-ST-ZIP	LAKE WALES FL 33853		
TITLE	D/T	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GLASSMAN, DONALD H			4.2 NAME			
STREET ADDRESS	8087 MERRIMOR BLVD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	LARGO FL 34647			4.4 CITY-ST-ZIP			
TITLE	D/m	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOODARD, SONDR A			5.2 NAME			
STREET ADDRESS	1080 - 16TH AVE. S.W.			5.3 STREET ADDRESS			
CITY-ST-ZIP	LARGO FL 34640			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 **[Signature]**

July 19, 1997 941-638-2040

CR2E037 (9/96)