

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006773

FILED
Apr 11, 2007
Secretary of State

Entity Name: THE GOOD SHEPHERD CHRISTIAN CHURCH, INC.

Current Principal Place of Business:

3500 N. GOLDENROD RD.
WINTER PARK, FL 32792

New Principal Place of Business:

915 E. SEMORAN BLVD.
CASSELBERRY, FL 32707

Current Mailing Address:

1072 SUGARBERRY TRAIL
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 14-1972496 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AGUILAR, OSVALDO REV.
1072 SUGARBERRY TRAIL
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AGUILAR, OSVALDO REV.
Address: 1072 SUGARBERRY TRAIL
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: AGUILAR, CARMEN REV.
Address: 1072 SUGARBERRY TRAIL
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: CANCEL, LUIS A REV.
Address: 12429 MARLEIGH CT.
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: CANCEL, AIDA L REV.
Address: 12429 MARLEIGH CT.
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARMEN AGUILAR

D

04/11/2007

Electronic Signature of Signing Officer or Director

Date