

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 04, 2009  
Secretary of State**

DOCUMENT# N08000008650

Entity Name: GOOD SHEPHERD COMMUNITY CHURCH, INC.

**Current Principal Place of Business:**

12600 NW 4TH AVENUE  
N MIAMI, FL 33168

**New Principal Place of Business:**

**Current Mailing Address:**

12600 NW 4TH AVENUE  
N MIAMI, FL 33168

**New Mailing Address:**

FEI Number: 26-3471514      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BARBER, KEVIN  
1164 NE 131ST ST  
N MIAMI, FL 33161      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: BARBER, ROBERT E REV.  
Address: 8785 ERIE LANE  
City-St-Zip: PARRISH, FL 34219

Title: TS      ( ) Delete  
Name: BARBER, KEVIN  
Address: 1164 NE 131ST ST  
City-St-Zip: N MIAMI, FL 33161

Title: P      ( ) Delete  
Name: FAISON, DAVID  
Address: 16400 NW 37TH AVE  
City-St-Zip: OPA LOCKA, FL 33054

Title: O      ( ) Delete  
Name: MALONE, RON  
Address: 11040 SW 138TH ST  
City-St-Zip: MIAMI, FL 33176

Title: VP      ( ) Delete  
Name: BARBER, BRIAN  
Address: 19271 NW 89TH COURT  
City-St-Zip: MIAMI, FL 33015

**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:

Title: VP      (X) Change ( ) Addition  
Name: ALEXIS, GARY  
Address: 1220 NW 129 ST  
City-St-Zip: NORTH MIAMI, FL 33168

I hereby certify that the information supplied with this filing does not qualify 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: KEVIN BARBER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

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06/04/2009

\_\_\_\_\_  
Date