2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2009
Secretary of State

DOCUMENT# 702063

Entity Name: GOOD SHEPHERD LUTHERAN CHURCH OF MIAMI (NORTH MIAMI)

Current Principal Place of Business:

12600 NORTHWEST 4TH AVENUE
NORTH MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

12600 NORTHWEST 4TH AVENUE
NORTH MIAMI, FL 33168

New Mailing Address:

1164 NE 131 ST
NORTH MIAMI, FL 33161

FEI Number: 59-0818917 **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
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: PD ( ) Delete
Name: FAISON, DAVID
Address: 16400 NW 37 AVE
City-St-Zip: MIAMI, FL 33054

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

Title: VPD ( ) Delete
Name: BARBER, BRIAN
Address: 19271 NW 89 CT.
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: VPD (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 T 06/04/2009
Electronic Signature of Signing Officer or Director — Date