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1995 MAR -9 PM 1:05

CORPORATION
ANNUAL REPORT
1995



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **740309** (0)
1. Corporation Name
THE GOOD SHEPHERD CHRISTIAN CHURCH, INC.

Principal Place of Business Mailing Address
8409 W MCNAB RD 8409 W MCNAB RD
TAMARAC FL 33321 TAMARAC FL 33321
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/04/1977** 3a. Date of Last Report **02/15/1994**
4. FEI Number **59-1765421** Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 28
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 26
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
* SPAGNARDI, MARIO
8316 N. CORAL CIRCLE
N. LAUDERDALE FL 33068

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	
TITLE	P
NAME	SPAGNARDI, MARIO
STREET ADDRESS	8316 N. CORAL CIRCLE
CITY- ST- ZIP	N. LAUDERDALE FL
TITLE	V
NAME	SPAGNARDI, PATRIZIO
STREET ADDRESS	7007 N.W. 81ST STREET
CITY- ST- ZIP	TAMARAC FL
TITLE	S
NAME	BACON, JOYCE
STREET ADDRESS	8010 N.W. 74TH TERRACE
CITY- ST- ZIP	TAMARAC FL
TITLE	D
NAME	PRESTON, JEANNE
STREET ADDRESS	8437 S. CORAL CIR.
CITY- ST- ZIP	N. LAUDERDALE FL
TITLE	Y
NAME	SPAGNARDI, JOEANN
STREET ADDRESS	7007 NW 81ST ST
CITY- ST- ZIP	TAMARAC FL
TITLE	D
NAME	SPAGNARDI, MARIA
STREET ADDRESS	8316 N. CORAL CIR.
CITY- ST- ZIP	N. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	300001428033
1.4 CITY- ST- ZIP	-03/13/95--01062--001
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	M.S.
2.3 STREET ADDRESS	T. CONGITA
2.4 CITY- ST- ZIP	830-S.W. 49-THRR. MARGATE-FLA-33068
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	208
5.3 STREET ADDRESS	3-9
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Mario Spagnardi* - MARIO SPAGNARDI MARCH 4-1995 - (305)-726-4831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR