

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **740309** (0)

1. Corporation Name

**THE GOOD SHEPHERD CHRISTIAN CHURCH, INC.**



Principal Place of Business

Mailing Address

8409 W MCNAB RD  
TAMARAC FL 33321  
US

8409 W MCNAB RD  
TAMARAC FL 33321  
US

3. Date Incorporated or Qualified  
**09/04/1977**

3a. Date of Last Report  
**03/09/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**SPAGNARDI, MARIO  
8316 N. CORAL CIRCLE  
N. LAUDERDALE FL 33068**

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 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

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	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SPAGNARDI, MARIO</b>	
STREET ADDRESS	<b>8316 N. CORAL CIRCLE</b>	
CITY - ST - ZIP	<b>N. LAUDERDALE FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>SPAGNARDI, PATRIZIO</b>	
STREET ADDRESS	<b>7007 N.W. 81ST STREET</b>	
CITY - ST - ZIP	<b>TAMARAC FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>BACON, JOYCE</b>	
STREET ADDRESS	<b>8010 N.W. 74TH TERRACE</b>	
CITY - ST - ZIP	<b>TAMARAC FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PRESTON, JEANNE</b>	
STREET ADDRESS	<b>8437 S. CORAL CIR.</b>	
CITY - ST - ZIP	<b>N. LAUDERDALE FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>CONCETTA, LASHURE</b>	
STREET ADDRESS	<b>830 S.W. 49TH TERRACE</b>	
CITY - ST - ZIP	<b>MARGATE FL 33068</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SPAGNARDI, MARIA</b>	
STREET ADDRESS	<b>8316 N. CORAL CIR.</b>	
CITY - ST - ZIP	<b>N. LAUDERDALE FL</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 - JAN. 24 - 1996 - 726-4831** (305)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)