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Jan 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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: 8409 W MCNAB RD, TAMARAC FL 33321, US  
Mailing Address: 8409 W MCNAB RD, TAMARAC FL 33321-3207, US

3. Date Incorporated or Qualified: 09/04/1977  
3a. Date of Last Report: 02/16/1996

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

4. FEI Number: 59-1765421  
Applied For:  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  
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  
85 Zip Code: FL

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	SPAGNARDI, MARIO	
STREET ADDRESS	8316 N. CORAL CIRCLE	
CITY - ST - ZIP	N. LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SPAGNARDI, PATRIZIO	
STREET ADDRESS	7007 N.W. 81ST STREET	
CITY - ST - ZIP	TAMARAC FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BACON, JOYCE	
STREET ADDRESS	8010 N.W. 74TH TERRACE	
CITY - ST - ZIP	TAMARAC FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRESTON, JEANNE	
STREET ADDRESS	8437 S. CORAL CIR.	
CITY - ST - ZIP	N. LAUDERDALE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CONCETTA, LASHURE	
STREET ADDRESS	830 S.W. 49TH TERRACE	
CITY - ST - ZIP	MARGATE FL 33068	
TITLE	D	<input type="checkbox"/> DELETE
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	
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 does not qualify for the exemption stated in Section 119.07(3)(l), 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* SPAGNARDI, MARIO JAN-11-1997 (954) 721-9093  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0036882

CR2E037 (9/96)