

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 740309 (0)**  
1. Corporation Name  
**THE GOOD SHEPHERD CHRISTIAN CHURCH, INC.**



Principal Place of Business <b>8409 W MCNAB RD TAMARAC FL 33321 US</b>	Mailing Address <b>8409 W MCNAB RD TAMARAC FL 33321 US</b>
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3. Date Incorporated or Qualified <b>09/04/1977</b>	
4. FEI Number <b>59-1765421</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

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 \_\_\_\_\_ (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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **MARCH 22-1998-7219093** **CODE-954**

CR2E037 (10/97)