


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90101 009 \*\*\*\*75.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 740309**

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 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>09/04/1977</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-1765421</b>
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPAGNARDI, MARIO	1.2 NAME	ABRAHAM, KATHLEEN
STREET ADDRESS	8316 N. CORAL CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. LAUDERDALE FL	1.4 CITY-ST-ZIP	CORAL SPRING FL
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPAGNARDI, PATRIZIO	2.2 NAME	ABBONDANZIO ESTIA
STREET ADDRESS	7007 N.W. 81ST STREET	2.3 STREET ADDRESS	6812 - N.W. - 2 - ST.
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	MARGATE FL. 33063
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACON, JOYCE	3.2 NAME	
STREET ADDRESS	8010 N.W. 74TH TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESTON, JEANNE	4.2 NAME	
STREET ADDRESS	8437 S. CORAL CIR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONCETTA, LASHURE	5.2 NAME	
STREET ADDRESS	830 S.W. 49TH TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33068	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPAGNARDI, MARIA	6.2 NAME	
STREET ADDRESS	8316 N. CORAL CIR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	N. LAUDERDALE FL	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)(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, with all other like empowered.

SIGNATURE: *Mario Spagnardi* SIGNATURE REQUIRED: **MARIO SPAGNARDI - MARCH 7-99 - (954) 721 9093**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/198)