

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740309

1. Entity Name

THE GOOD SHEPHERD CHRISTIAN CHURCH, INC.

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90061 030 \*\*\*\*75.00

Principal Place of Business

Mailing Address

8409 W MCNAB RD  
 TAMARAC FL 33321  
 US

8409 W MCNAB RD  
 TAMARAC FL 33321-3207  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1765421

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	ABRAHAM, KATHLEEN	
STREET ADDRESS	8010 N.W. 74TH TERRACE	
CITY-ST-ZIP	CORAL SPRING 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	ABBONDANZIO, ESTIA	
STREET ADDRESS	6812 NW 2 ST	
CITY-ST-ZIP	MARGATE FL 33063	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIO SPAGNARDI  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FEB. 24-2000 (954-726-4831)

CR2E037 (9/99)