

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **830547** (6)
1. Corporation Name
BAPTIST CHURCH OF THE GOOD SHEPHERD

95 JAN 30 AM 9:30

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
777 NW 85TH STREET MIAMI FL 33150

3. Date Incorporated or Qualified **07/27/1973** 3a. Date of Last Report **07/01/1994**

4. FEI Number **43-0881662** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

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

21. Principal Place of Business **SAME** 26. Mailing Address **SAME**

22. Suite, Apt. #, etc. Suite, Apt. #, etc.

23. City & State City & State

24. Zip Country Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FUTCH, JAMES R
14200 NW 2ND AVE
MIAMI FL 33168**

81 Name **SAME**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *James R. Futch*

(NOTE: Registered Agent signature required when reinstating)

1-24-95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V
NAME	EPLEY, PAULA
STREET ADDRESS	14120 N.W. 1ST AVENUE
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	GRAHAM, JONATHAN
STREET ADDRESS	1020 N.E. 107TH STREET
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	MOSS, HELEN
STREET ADDRESS	777 NW 85TH STREET
CITY-ST-ZIP	MIAMI FL
TITLE	P
NAME	EPLEY, DAVID
STREET ADDRESS	14120 N.E. 1ST AVENUE
CITY-ST-ZIP	MIAMI FL
TITLE	ST
NAME	FUTCH, JAMES
STREET ADDRESS	14200 N.W. 2ND AVENUE
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	BLAIR, HERRO
STREET ADDRESS	777 NW 85TH STREET
CITY-ST-ZIP	MIAMI FL

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAME
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SAME
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SAME
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAME
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SAME
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 110.07(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: *James R. Futch* James R. Futch

1-24-95 (305)836-8451