

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 830547 (6)

1. Corporation Name
BAPTIST CHURCH OF THE GOOD SHEPHERD



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

3. Date Incorporated or Qualified: 07/27/1973
3a. Date of Last Report: 01/30/1995

21. Principal Place of Business: SAME	2a. Mailing Address: SAME	4. FEI Number: 43-0881662	Applied For: Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired: <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent FUTCH, JAMES R 14200 NW 2ND AVE MIAMI FL 33168	10. Name and Address of New Registered Agent 81 Name: SAME 82 Street Address (P.O. Box Number is Not Acceptable): 83 84 City: FL 85 Zip Code:
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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 re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: V	NAME: EPLEY, PAULA	1.1 TITLE:	NAME: SAME
STREET ADDRESS: 14120 N.W. 1ST AVENUE	CITY-ST-ZIP: MIAMI FL	1.2 NAME:	1.3 STREET ADDRESS:
TITLE: D	NAME: GRAHAM, JONATHAN	1.4 CITY-ST-ZIP:	2.1 TITLE: D
STREET ADDRESS: 1020 N.E. 107TH STREET	CITY-ST-ZIP: MIAMI FL	2.2 NAME:	2.3 STREET ADDRESS: STEVE EPLEY
TITLE: D	NAME: MOSS, HELEN	2.4 CITY-ST-ZIP:	2.4 CITY-ST-ZIP: miami, fl 33150
STREET ADDRESS: 777 NW 85TH STREET	CITY-ST-ZIP: MIAMI FL	3.1 TITLE:	3.2 NAME:
TITLE: P	NAME: EPLEY, DAVID	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
STREET ADDRESS: 14120 N.E. 1ST AVENUE	CITY-ST-ZIP: MIAMI FL	4.1 TITLE:	4.2 NAME: SAME
TITLE: ST	NAME: FUTCH, JAMES	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
STREET ADDRESS: 14200 N.W. 2ND AVENUE	CITY-ST-ZIP: MIAMI FL	5.1 TITLE:	5.2 NAME: SAME
TITLE: D	NAME: BLAIR, HERRO	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
STREET ADDRESS: 777 NW 85TH STREET	CITY-ST-ZIP: MIAMI FL	6.1 TITLE:	6.2 NAME: SAME
		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 119.07(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 Date: 4/30/96 Daytime Phone #: (305) 836-8451

CR2E037 (12/95)