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

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998

(6)

## **POCUMENT #**Corporation Name 830547 BAPTIST CHURCH OF THE GOOD SHEPHERD Principal Place of Business Mailing Address Big Blod Suite 102 MAN SAME 30130 HALLONDRIE FL MANN BL SAME MAN SA 3. Date Incorporated or Qualified MANDADE, FL 07/27/1973 4. FEI Number Applied For 43-0881662 Not Applicable Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 3107 W. Hallandale B. L. Blvd. SAME Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 102 DAME Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? HALLANDALE SAME Yes No Country 8. This corporation owes or has paid the current year Intangible 25 USA Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name EPLEY, STEVER 107 NW 85 ST 3107 W. HALLANDALE BUY, BLd. Swife 102 MANIFL 28150 HALLANDALE, FL. 33009 Street Address (P.O. Box Number is Not Acceptable) Zip Code 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 lamitary with, and accept the obligations of, Section 617.0503, Florida Statutes. of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. J.A. HAMMOCK 3107 W. HALLANDALE BLL. Blvd. Suit 102 HALLANDALE, FL 33009 TITLE 1.1 TITLE NAME 3107 W HAllandele Bub Alva 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST-ZIP Change 2.1 TITLE EPLEY, DAVID 11436 N BAYSHORE DR STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TETLE 31 TITLE EPLEY, PAULA NAME 3.2 NAME 11436 N BAYSHORE DR STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY - ST - ZIP Change ☐ Addition 4.1 TITLE TITLE W HW SOTH STREET 3/07 W. HALLANDALE B.L.B. 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS MANNI M. HAI/AUdole, FL CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition 5.1 TITLE 5.2 NAME NAME STREET ADORESS 5.3 STREET ADDRESS

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 or attachment with an address.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.1 TITLE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

□ DELETE

1-23-98

Change

Addition

FILED

May 05 1998 8:00am

Secretary of State