NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS ~

3107 W. Hallandale Bch

DOCUMENT # 830547

BAPTIST CHURCH OF THE GOOD SHEPHERD

Principal Place of Business

3107 W HALLANDALE BEACH BLVD

STE 102

Mailing Address

777 NW 85TH STREET MIAMI FL 33150

2a. Mailing Address

Suite, Apt. #, etc.-

HALLANDALE FL 33009

Suite. Apt. #. etc.

2. Principal Place of Business

FILED May 01, 1999 8:00 am § Secretary of State

05-01-1999 90044 028 ****70.00





3. Date Incorporated or Qualifed

07/27/1973

-B1vd-4-FEI Number-

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23					28 Hallandale, FI					L \		5. Certificate of Status Desired			LOJ.	Fee Required			
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24		25			29	29 33009 30			US		Trust Fund Contribution -				Added to Fees				
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	•								81	Name	В							•	-
	EPLEY, STEVE R										t Addres	ress (P.O. Box Number is Not Acceptable)							
3107 W HALLANDALE BEACH BLVD STE 102 HALLANDALE FL 33009																			
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11.	Pursuant	to the provis	ions of	Sections 617.0502	and 6	317.1508, Flo	rida Statute	s, the al	bove	-name	d corpor	ration s	ubmits th	is state	ment for	r the p	urpose o	of changing its	registered iistered
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																			
		Signature, typed	ar printe	name of registered agent a			(NOTE:		Agent	t signatun	e required v			OPPLIANT.	CER TO	ا مرون	DATE	ND DIRECTO	DS IN 12
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14. 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 on an attachment with an address, with all other like empowered.

REQUESTED Epley SIGNATURE

4/27/99

(954)983-0040

Date

Daytime Phone #