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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 830547

1. Corporation Name

BAPTIST CHURCH OF THE GOOD SHEPHERD

Principal Place of Business

3107 W HALLANDALE BEACH BLVD STE 102 HALLANDALE FL 33009 US

Mailing Address

777 NW 85TH STREET MIAMI FL 33150



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 3107 W. Hallandale Bch. Blvd.

07/27/1973

22 City & State

27 Suite 102

4. FEI Number 43-0881662

Applied For Not Applicable

23 Zip Country

28 Hallandale, FL.

5. Certificate of Status Desired [X]

\$8.75 Additional Fee Required

24 Zip Country

29 33009 30 US

6. Election Campaign Financing Trust Fund Contribution []

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EPLY, STEVE R 3107 W HALLANDALE BEACH BLVD STE 102 HALLANDALE FL 33009

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

D HAMMOCK, J A 3107 W HALLANDALE BEACH BLVD STE 102 HALLANDALE FL 33009

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

P EPLY, DAVID 11436 N BAYSHORE DR MIAMI FL

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

VPD EPLY, PAULA 11436 N BAYSHORE DR MIAMI FL

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

D BLAIR, HERRO 3107 W HALLANDALE BEACH BLVD HALLANDALE FL 33009

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

VPD EPLY, PAULA 11436 N BAYSHORE DR MIAMI FL

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

D BLAIR, HERRO 3107 W HALLANDALE BEACH BLVD HALLANDALE FL 33009

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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.

SIGNATURE: David Epley

4/27/99

(954)983-0040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)