

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90211 042 ****70.00

DOCUMENT # 830547

1. Entity Name

BAPTIST CHURCH OF THE GOOD SHEPHERD

Principal Place of Business

Mailing Address

**3107 W HALLANDALE BEACH BLVD
 STE 102
 HALLANDALE FL 33009
 US**

**3107 W HALLANDALE BEACH BLVD
 STE 102
 HALLANDALE FL 33009-5144
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

43-0881662

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	HAMMOCK, J A	
STREET ADDRESS	3107 W HALLANDALE BEACH BLVD STE 102	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	P	<input type="checkbox"/> Delete
NAME	EPLEY, DAVID	
STREET ADDRESS	11436 N BAYSHORE DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	EPLEY, PAULA	
STREET ADDRESS	11436 N BAYSHORE DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLAIR, HERRO	
STREET ADDRESS	3107 W HALLANDALE BEACH BLVD	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joyce Noffsinger	
STREET ADDRESS	1328 Wiley Street	
CITY-ST-ZIP	Hollywood, Florida 33019	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beverly Lewis	
STREET ADDRESS	3107 W. Hallandale Bch. Blvd.	
CITY-ST-ZIP	Hallandale, Florida 33009 Ste.	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D. Michael Epley	
STREET ADDRESS	3107 W. Hallandale Bch. Blvd.	
CITY-ST-ZIP	Hallandale, Florida 33009 Ste. 102	
TITLE	V/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve R. Epley	
STREET ADDRESS	3107 W. Hallandale Bch. Blvd.	
CITY-ST-ZIP	Hallandale, Florida Ste. 102 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *David Epley* **DAVID EPLEY** 4-20-00 (954) 983-0040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #