

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90062 043 ****61.25
 03-06-2002 90036 036 *****8.75

DOCUMENT # 830547

1. Entity Name

BAPTIST CHURCH OF THE GOOD SHEPHERD

Principal Place of Business

Mailing Address

632 W HALLANDALE BCH BLVD
 HALLANDALE FL 33009
 US

632 W HALLANDALE BCH BLVD
 HALLANDALE FL 33009
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-0881662

Applied For

Not Applicable

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

GUSTAFSON MELODY
 632 W HALLANDALE BCH BLVD
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

9-9-02
 DATE

After September 13, 2002,
 min. will be \$236.25.

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 | <i>Deceased</i> <input checked="" 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 | D | <input type="checkbox"/> Delete |
| NAME | NOFFSINGER, JOYCE | |
| STREET ADDRESS | 1328 WILEY STREET | |
| CITY-ST-ZIP | HOLLYWOOD FL 33019 | |
| TITLE | STV | <input type="checkbox"/> Delete |
| NAME | GUSTAFSON, MELODY | |
| STREET ADDRESS | 632 W HALLANDALE BCH BLVD | |
| CITY-ST-ZIP | HALLANDALE FL 33009 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LEWIS, BEVERLY | |
| STREET ADDRESS | 3107 W HALLANDALE BCH BLVD., SUITE 102 | |
| CITY-ST-ZIP | HALLANDALE FL 33009 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | EPLEY, D MICHAEL | |
| STREET ADDRESS | 3107 W HALLANDALE BCH BLVD., SUITE 102 | |
| CITY-ST-ZIP | HALLANDALE FL 33009 | |

| | | |
|----------------|----------------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Director Steve Epley | |
| STREET ADDRESS | 632 W. Hallandale Bch. Blvd | |
| CITY-ST-ZIP | Hallandale, FL 33009 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Address | |
| STREET ADDRESS | 946 Sanibel Dr. | |
| CITY-ST-ZIP | Hollywood, FL 33019 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 632 W Hallandale Pch Blvd. | |
| CITY-ST-ZIP | Hallandale, FL 33009 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 632 W. Hallandale Bch Blvd. | |
| CITY-ST-ZIP | Hallandale, FL 33009 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 632. W. Hallandale Bch - B Blvd. | |
| CITY-ST-ZIP | Hallandale, FL 33009 | |

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:

SIGNATURE REQUIRED

9-9-02

CR2E037 (4/02)