


2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 830547 1. Entity Name BAPTIST CHURCH OF THE GOOD SHEPHERD	
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FILED

05 JUL 28 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 632 W HALLANDALE BCH BLVD HALLANDALE, FL 33009 US	Mailing Address 632 W HALLANDALE BCH BLVD HALLANDALE, FL 33009 US
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2. Principal Place of Business	3. Mailing Address	4. FEI Number 43-0881662
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip
		Country

07062005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent GUSTAFSON, MELODY 632 W HALLANDALE BCH BLVD HALLANDALE, FL 33009	7. Name and Address of New Registered Agent 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 _____ DATE _____
Signature of person or persons registered agent for the corporation. (NOTE: Registered Agent signature required when filing.)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D EPLBY, STEVE <input type="checkbox"/> Delete	TITLE	D Suzanne Barnett <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EPLBY, STEVE	NAME	Suzanne Barnett
STREET ADDRESS	632 W HALLANDALE BCH BLVD	STREET ADDRESS	1201 S Ocean DR - Apt 411 South
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP	Hollywood FL 33019
TITLE	P EPLBY, DAVID <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPLBY, DAVID	NAME	600052450525
STREET ADDRESS	946 SANIBEL DR	STREET ADDRESS	08/22/05--01065--030 **61.25
CITY-ST-ZIP	HOLLYWOOD, FL 33019	CITY-ST-ZIP	
TITLE	D NOFFSINGER, JOYCE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOFFSINGER, JOYCE	NAME	
STREET ADDRESS	632 W HALLANDALE BCH BLVD	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP	
TITLE	VP GUSTAFSON, MELODY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUSTAFSON, MELODY	NAME	
STREET ADDRESS	632 W HALLANDALE BCH BLVD	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP	
TITLE	D LEWIS, BEVERLY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, BEVERLY	NAME	
STREET ADDRESS	632 W HALLANDALE BCH BLVD	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP	
TITLE	D EPLBY, D MICHAEL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPLBY, D MICHAEL	NAME	
STREET ADDRESS	632 W HALLANDALE BCH BLVD	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009	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: Melody Gustafson 2-1-05 954 456-1703
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR