

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 830547

FILED  
Feb 14, 2006  
Secretary of State

Entity Name: BAPTIST CHURCH OF THE GOOD SHEPHERD

**Current Principal Place of Business:**

632 W HALLANDALE BCH BLVD  
HALLANDALE, FL 33009 US

**New Principal Place of Business:**

**Current Mailing Address:**

632 W HALLANDALE BCH BLVD  
HALLANDALE, FL 33009 US

**New Mailing Address:**

FEI Number: 43-0881662      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GUSTAFSON, MELODY  
632 W HALLANDALE BCH BLVD  
HALLANDALE, FL 33009 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: EPLEY, STEVE  
Address: 632 W HALLANDALE BCH BLVD  
City-St-Zip: HALLANDALE, FL 33009

Title: P ( ) Delete  
Name: EPLEY, DAVID,  
Address: 946 SANIBEL DR  
City-St-Zip: HOLLYWOOD, FL 33019

Title: D ( ) Delete  
Name: NOFFSINGER, JOYCE  
Address: 632 W HALLANDALE BCH BLVD  
City-St-Zip: HALLANDALE, FL 33009

Title: VP ( ) Delete  
Name: GUSTAFSON, MELODY  
Address: 632 W HALLANDALE BCH BLVD  
City-St-Zip: HALLANDALE, FL 33009

Title: D ( ) Delete  
Name: LEWIS, BEVERLY  
Address: 632 W HALLANDALE BCH BLVD  
City-St-Zip: HALLANDALE, FL 33009

Title: D ( ) Delete  
Name: EPLEY, D MICHAEL  
Address: 632 W HALLANDALE BCH BLVD  
City-St-Zip: HALLANDALE, FL 33009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELODY GUSTAFSON

VP

02/14/2006

Electronic Signature of Signing Officer or Director

Date