

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 830547

FILED
Feb 17, 2009
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 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

Electronic Signature of Signing Officer or Director

VP

02/17/2009

Date