

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 29, 2001 8:00 am
Secretary of State

03-08-2001 90015 038 ****61.25

DOCUMENT # N00000003818

1. Entity Name

THE GOOD SHEPARD HOUSE OF HOSPITALITY #11, INC.

Principal Place of Business

Mailing Address

1200 TALLWOOD AVE #308
 HOLLYWOOD FL 33021

1200 TALLWOOD AVE #308
 HOLLYWOOD FL 33021

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

65-1015770

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

BECK, FLOYD REV.
1200 TALLWOOD AVE #308
HOLLYWOOD FL 33021

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.

THE Good shepherd House of Hospitality #11 INC.

SIGNATURE *Rev. Floyd Beck*
 Signature, typed or printed name of registered agent and title if applicable.

REV. FLOYD BECK
 (NOTE: Registered Agent signature required when reinstating)

1-10-001
 DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Makes Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **BECK, FLOYD REV.**
 STREET ADDRESS **1200 TALLWOOD AVE #308**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **BECK, PATRICIA**
 STREET ADDRESS **1200 TALLWOOD AVE #308**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **ARTEMUS, SAHON**
 STREET ADDRESS **5828 TAFT STREET**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D.** ☐ Delete
 NAME **TROY FREEMAN**
 STREET ADDRESS **2120 COOLIDGE ST**
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D.** ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Rev. Floyd Beck* **REV. FLOYD BECK** *1-10-001* **954-962-3232**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)