


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000010892</b> 1. Entity Name CHURCH OF GOD OF THE GOOD SHEPHERD-L'EGLISE DE DIEU DU BON BERGER, INC.	
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Principal Place of Business 112 WATERSIDE PT CHARLOTTE, FL 33592	Mailing Address 112 WATERSIDE ST PT CHARLOTTE, FL 33952
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**DO NOT WRITE IN THIS SPACE**



03212005 No Chg-NP CR2E037 (10/03)

4. FEI Number 92-0183980	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CLERJUSTE, JOANEL 112 WATERSIDE ST PT CHARLOTTE, FL 33952
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

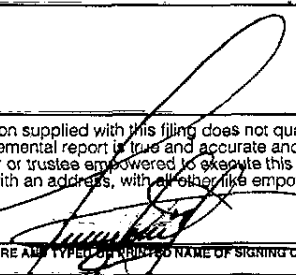
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR CHURCH OF GOD OF THE GOOD SHEPHERD-LEGLISE 112 WATER SIDE ST PORT CHARLOTTE, FL 33592
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000000276393  
03/25/05-80038-010 61.25

**DO NOT WRITE  
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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 or without like empowered.

**SIGNATURE:**  **3-21-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #