2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010892

FILED Jaņ 10, 2<u>00</u>7 Secretary of State

Entity Name: CHURCH OF GOD OF THE GOOD SHEPHERD-L'EGLISE DE DIEU DU BON BERGER, INC.

Current Principal Place of Business: New Principal Place of Business: 3132 TAMIAMI TRAIL PT CHARLOTTE, FL 33592 **Current Mailing Address: New Mailing Address:** 2404 ACHILLES ST PT CHARLOTTE, FL 33952 FEI Number: 92-0183980 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CLERJUSTE, JOANEL 2404 ACHILLES ST PT CHARLOTTE, FL 33952 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete CHURCH OF GOD OF THE, GOOD SHEPHERD - LEGLISE CLERJUSTE, JOANEL Name: Name: 2404 ACHILLES ST Address: 2404 ACHILLES ST Address: City-St-Zip: PORT CHARLOTTE, FL 33592 City-St-Zip: PORT CHARLOTTE, FL 33592 Title: Title: () Change (X) Addition () Delete TRANQUILLE, RALPH Name: Name: Address: Address: 17820 MURDOCK CR City-St-Zip: City-St-Zip: PORT CHARLOTTE, FL 33948 Title: () Delete Title: () Change (X) Addition CLERJUSTE, GLINESE Name: Name: Address: Address: 1332 NIMROD City-St-Zip: City-St-Zip: PORT CHARLOTTE, FL 33954 Title: () Delete Title: () Change (X) Addition ESTHHER, CLERJUSTE Name: Name: Address: Address: 2404 ACHILLES ST City-St-Zip: City-St-Zip: PT CHARLOTTE, FL 33952

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: JOANEL CLERJUSTE Ρ 01/10/2007