

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005239

FILED  
Mar 16, 2009  
Secretary of State

**Entity Name:** CHURCH OF THE GOOD SHEPHERD CHRISTIAN MINISTRIES, INC.

**Current Principal Place of Business:**

900 N OCEAN BLVD  
9  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

3136 N. FEDERAL HIGHWAY  
LIGHTHOUSE POINT, FL 33064

**Current Mailing Address:**

900 N OCEAN BLVD  
9  
POMPANO BEACH, FL 33062

**New Mailing Address:**

**FEI Number:** 20-1108099

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CROMPTON, MARK PASTOR  
900 N OCEAN BLVD  
9  
POMPANO BEACH, FL 33062 US

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

CROMPTON, MARK PASTOR  
3136 N FEDERAL HIGHWAY  
LIGHTHOUSE POINT, FL 33064 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:

03/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CROMPTON, MARK PASTOR  
Address: 900 N OCEAN BLVD #9  
City-St-Zip: POMPANO BEACH, FL 33062

Title: ED ( ) Delete  
Name: CROMPTON, GRACE REV  
Address: 900 N OCEAN BLVD, #9  
City-St-Zip: POMPANO BEACH, FL 33062

Title: ED ( ) Delete  
Name: FISCHER, MARTIN REV  
Address: 900 N OCEAN BLVD #4  
City-St-Zip: POMPANO BEACH, FL 33062

Title: SD ( ) Delete  
Name: BEYRENT, KIMAREE REV  
Address: 345 SW 33RD TERR  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: ED ( ) Delete  
Name: RODRIGUEZ, JOE REV  
Address: 6555 WEST 26TH DRIVE #21-35  
City-St-Zip: HIALEAH, FL 33016

**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:

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: PASTOR MARK A CROMPTON

PD

03/16/2009

Electronic Signature of Signing Officer or Director

Date