


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000006327 1. Entity Name THE GOOD SHEPHERD BAPTIST CHURCH INCORPORATED	
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Principal Place of Business 4429 SE 50TH AVE OKEECHOBEE, FL 34974	Mailing Address 4429 SE 50TH AVE OKEECHOBEE, FL 34974
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DO NOT WRITE IN THIS SPACE



04072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 56-2595753	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**AUTREY, W. LEWIS REV.
4429 SE 50TH AVE
OKEECHOBEE, FL 34974**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AUTREY, W. LEWIS REV. 4429 SE 50TH AVE OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AUTREY, JOYCE SISTER 4429 SE 50TH AVE OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST AUTREY, ROBERT S 4429 SE 50TH AVE OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUTREY, APRIL L SISTER 4429 SE 50TH AVE OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUTREY, LEWIS C BROTHER 363 AZALEA RD APT S-4 MOBILE, AL 36609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000832979
04/23/08-80088-001 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *W. Lewis Autrey* **Rev. W. Lewis Autrey, President** 4/7/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #