

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006327

FILED
May 23, 2009
Secretary of State

Entity Name: THE GOOD SHEPHERD BAPTIST CHURCH INCORPORATED

Current Principal Place of Business:

4429 SE 50TH AVE
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

4429 SE 50TH AVE
OKEECHOBEE, FL 34974

New Mailing Address:

FEI Number: 56-2595753 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

Title: P () Delete
Name: AUTREY, W. LEWIS REV.
Address: 4429 SE 50TH AVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: VP () Delete
Name: AUTREY, JOYCE SISTER
Address: 4429 SE 50TH AVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: ST () Delete
Name: AUTREY, ROBERT S
Address: 4429 SE 50TH AVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: AUTREY, APRIL L SISTER
Address: 4429 SE 50TH AVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: AUTREY, LEWIS C BROTHER
Address: 363 AZALEA RD APT S-4
City-St-Zip: MOBILE, AL 36609

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: W. LEWIS AUTREY

P

05/23/2009

Electronic Signature of Signing Officer or Director

Date