

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012886

FILED
Sep 04, 2007
Secretary of State

Entity Name: THE GOOD SHEPHERD'S FAMILY CHURCH INC

Current Principal Place of Business:

9717 GENE ST
HUDSON, FL 34669

New Principal Place of Business:

Current Mailing Address:

9717 GENE ST
HUDSON, FL 34669

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

PECORARO, ANTHONY
5416 SUNRAY DR
HOLIDAY, FL 3 US

Name and Address of New Registered Agent:

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: ZASIMOVITCH, ROBERT
Address: 9717 GENE ST
City-St-Zip: HUDSON, FL 34669

Title: D () Delete
Name: PECORARO, ANTHONY
Address: 5416 SUNRAY DRIVE
City-St-Zip: HOLIDAY,

Title: T () Delete
Name: WALLING, ROBIN F
Address: 3252 KISMET CT
City-St-Zip: NPR, FL 34655

Title: T (X) Delete
Name: WALLING, MARK
Address: 3252 KISMET CT
City-St-Zip: NPR, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MUSCIANESE, CHANTEL R
Address: 416 SPRING HAVEN LOOP
City-St-Zip: SPRING HILL, FL 34608

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: ROBERT W. ZASIMOVITCH

P

09/04/2007

Electronic Signature of Signing Officer or Director

Date