

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N19183

1. Entity Name

GOOD SHEPHERD CHURCH OF GOD INDEPENDENT  
INC.



Principal Place of Business

5311 NW 17 AVENUE  
MIAMI, FL 33142 US

Mailing Address

14820 N.E. 5TH AVE  
MIAMI, FL 33161 US

FILED

06 APR 27 AM 11:42

TALLAHASSEE, FLORIDA



04172006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-1036168

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROSELIN, ABNER  
2050 NW 25 ST.  
MIAMI, FL 33142

**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

*Roselin Abner*  
Signature, typed or printed name of registered agent and title if applicable

*Agnes Roselin*  
(NOTE: Registered Agent signature required when reinstating)

*4/25/06*  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JOSEPH, ARNOLD
STREET ADDRESS	14820 NE 5TH AVE
CITY-ST-ZIP	MIAMI, FL 33161
TITLE	D
NAME	JOSEPH, MARIE G
STREET ADDRESS	14820 NE 5TH AVE
CITY-ST-ZIP	MIAMI, FL 33161
TITLE	D
NAME	ROSELIN, ABNER
STREET ADDRESS	2050 NW 35 ST.
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE  
IN THIS SPACE**

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:

*Arnold Joseph*  
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

*304761*  
*3621*