2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# N19183

Entity Name: GOOD SHEPHERD CHURCH OF GOD INDEPENDENT INC.

Current Principal Place of Business:

5311 NW 17 AVENUE
MIAMI, FL 33142 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-1036168 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

JOSEPH, GUETIE
14820 NE 5 AVENUE
MIAMI, FL 33161 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: GUETIE JOSEPH 02/04/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: JOSEPH, GUETIE P PRES
Address: 14820 NE 5TH AVE
City-St-Zip: MIAMI, FL 33161

Title: D ( ) Delete
Name: DELICE, JOHN T DIRECTO
Address: 1052 NW 109 STREET
City-St-Zip: MIAMI, FL 33168 US

Title: D ( ) Delete
Name: ROSELIN, ABNER DIRECTO
Address: 2050 NW 35 ST.
City-St-Zip: MIAMI, FL 33142

Title: D ( ) Delete
Name: LAPORTE, JOSETTE DIRECTO
Address: 705 NE 138TH STREET
City-St-Zip: MAIMI, FL 33161 US

Title: VP ( ) Delete
Name: AUGUSTIN, SUPRIAN V PRES
Address: 14820 NE 5TH AVE
City-St-Zip: MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: JOSEPH, GUETIE P PRES
Address: 14820 NE 5TH AVE
City-St-Zip: MIAMI, FL 33161

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: GUETIE JOSEPH PD 02/04/2009
Electronic Signature of Signing Officer or Director Date