

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43738 (6)

1. Corporation Name

GOOD SHEPHERD WORLD MISSION, INC.

Principal Place of Business

**% REV. GEORGE A. GARCIA
4450 BONITA BEACH ROAD
BONITA SPRINGS FL 33923**

Mailing Address

**% REV. GEORGE A. GARCIA
4450 BONITA BEACH ROAD
BONITA SPRINGS FL 33923**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -5 PM 4:06

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1991

3a. Date of Last Report

03/25/1994

4. FEI Number

65-0264888

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**GARCIA, REV GEORGE A.
4450 BONITA BEACH RD
BONITA SPRINGS FL 33923**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
GARCIA, GEORGE A REV
4450 BONITA BEACH RD
BONITA SPRINGS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MELENDEZ, BERTHA
11381 REDBUD LANE
BONITA SPRINGS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DV
GARCIA, LUIS
7166 SCHOOL ST
FT MYERS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DS
MORALES, JOSE L
13660 BONITA BEACH RD
BONITA SPRINGS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DT
GARCIA, MILAGROS
18417 IRIS RD
FT MYERS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**Aristeo H Saucedo
15615 Hagie Rd
Fort Myers, FL 33908.**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 28-1995 813
590-0137