

FILE NOW: FILING FEE IS \$61.25

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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44593 (4)

1. Corporation Name
**GOOD SHEPHERD ASSEMBLY CHURCH OF GOD OF THE APOS
TLES FAITH, INC.**

Principal Place of Business 2272 22ND ST SARASOTA FL 34234 US	Mailing Address P.O. BOX 9033 SARASOTA FL 34278-9033 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/05/1991	3a. Date of Last Report 04/30/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0298219	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent KINSEY, MOZELLE P. 3035 N ORANGE AVE SARASOTA FL 34234	10. Name and Address of New Registered Agent 81 Name MARIA WOODSIDE 82 Street Address (P.O. Box Number is Not Acceptable) 913 61ST STREET 83 BRADENTON 84 City BRADENTON FL 85 Zip Code 34209
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Maria Woodside (NOTE: Registered Agent signature required when reinstating) DATE 4/17/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HILL, BISHOP IVAN S 1776 0TH ST SARASOTA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 911 57 Ave. Place East BRADENTON FLA 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, JAMES L. 717 12TH ST. EAST BRADENTON FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINSEY, MOZELLE P. 3035 N ORANGE AVE SARASOTA FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARIA WOODSIDE DS 913 61ST AVE EAST BRADENTON FLA 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARKER, MARTIE A 1776 0TH ST. SARASOTA FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D. BISHOP DE RICK WOODSIDE 313 61ST AVE. E. BRADENTON FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, ROSA LEE 1918 ORANGE AVENUE, #12 SARASOTA FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition ROSA LEE WALKER 1918 ORANGE AVE SARASOTA FLA 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: EVAN S. HILL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 4-16-97 DAYTIME PHONE # 941-722-3598

CR2E037 (9/96)