

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

03 MAR 10 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N44593**

1. Entity Name  
**GOOD SHEPHERD ASSEMBLY CHURCH OF GOD OF  
THE APOSTLES FAITH, INC.**



Principal Place of Business  
2272 22ND STREET  
SARASOTA, FL 34230 US

Mailing Address  
2272 22ND STREET  
SARASOTA, FL 34230 US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0298219** Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**GOOD SHEPHERD ASSEMBLY CHURCH  
1912 ORANGE AVE  
SARASOTA, FL 34230**

7. Name and Address of New Registered Agent  
Name **Evangelist Cardia E. Johnson**  
Street Address (P.O. Box Number is Not Acceptable) **3634 Lalani Blvd  
Sarasota F 34232**  
City **Sarasota** FL Zip Code **34232**

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 *Cardia Johnson* **CARDIA E. JOHNSON** **March 1, 2003**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

**FILE NOW - FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HILL, BISHOP IVAN S 2873 RIVER TRACE CIR BRADENTON, FL 34208 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, JAMES L. 717 12TH ST. EAST BRADENTON, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, ROSALEE 1912 ORANGE AVE SARASOTA, FL 34230 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, JOHN H 723 12TH STREET E BRADENTON, FL 34208 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, ROSA L 1912 ORANGE AVE. SARASOTA, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500014414895 03/20/03--01067--003 **\$61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Rev. Benny W. Johnson 3634 Lalani Blvd. Sarasota, FL 34232</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Evangelist Cardia E. Johnson 3634 Lalani Blvd. Sarasota, FL 34232</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>*Cardia gave permission to correct form.</b>

CR2E037 (10/02)

12. I 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 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: *Cardia Johnson* **CARDIA E. JOHNSON** **March 1, 2003** **941 371-3112**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #