SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 19 AM 11:33

DOCUMENT # N93000000130 (5)

1. Corporation Name

GOOD SHEPHERD MENNONITE EVANGELICAL CHURCH, INC.

Principal Place of Business	Mailing Address
11750 N.E. 16TH AVENUE #307 MIAMI FL 33161	11750 N.E. 16TH AVENUE #307 MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/12/1993
3a. Date of Last Report: 05/18/1994
4. FEI Number: 65-0372093 ☐ 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 ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 95 N.E 95 TERRACE	26 11750 N.E 16th AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 APT # 307
City & State 23 MIAMI FL	City & State 28 MIAMI FL
Zip / Country 24 33138 / 25 U.S.A	Zip / Country 29 33161 / 30 U.S.A

9. Name and Address of Current Registered Agent

MENARD, MARTIN W
11750 NE 16TH AVE
#307
MIAMI FL 33161

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 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: [signature] 06-13-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	MENARD, MARTIN W	12 NAME		
STREET ADDRESS	11750 NE 16TH AVE #307	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33161	14 CITY-ST-ZIP		
TITLE	T	21 TITLE	T	☐ Change ☐ Addition
NAME	CLEDANOR, JEAN J	22 NAME	ROLIN DESIR	
STREET ADDRESS	155 NE 80TH TERR	23 STREET ADDRESS	1120 N.W 108 ST	
CITY-ST-ZIP	MIAMI FL 33138	24 CITY-ST-ZIP	MIAMI FL 33168	
TITLE	V	31 TITLE		☐ Change ☐ Addition
NAME	MENARD, ROSETTE	32 NAME		
STREET ADDRESS	11750 NE 16TH AVE #307	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33161	34 CITY-ST-ZIP		
TITLE	VT	41 TITLE		☐ Change ☐ Addition
NAME	FRED, BELONY R	42 NAME		
STREET ADDRESS	155 NE 80TH TER	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33138	44 CITY-ST-ZIP		
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	AURELUS, MARIE F	52 NAME		
STREET ADDRESS	7137 NW 1ST CT	53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33150	54 CITY-ST-ZIP		
TITLE		61 TITLE	P	☐ Change ☐ Addition
NAME		62 NAME	ALTHONY LORISTON	
STREET ADDRESS		63 STREET ADDRESS	156 N.E 82 ST APT # 5	
CITY-ST-ZIP		64 CITY-ST-ZIP	MIAMI FL 33138	

CR2E037 (3/95)

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)(k), 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 above, or on an attachment with an address.

SIGNATURE: [signature] 06-13-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0006853