

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000130

1. Entity Name

GOOD SHEPHERD MENNONITE EVANGELICAL CHURCH, INC.

**FILED**  
May 08, 2000 8:00 am  
**Secretary of State**

05-08-2000 90135 015 \*\*\*\*61.25

Principal Place of Business

11750 NE 16TH AVE APT 101  
MIAMI FL 33161  
US

Mailing Address

11750 NE 16TH AVE  
101  
MIAMI FL 33161-6938  
US

2. Principal Place of Business

95 N.E. 80TH TER

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip  
33138

Country  
U.S.A

3. Mailing Address

11750 NE 16TH AVE

Suite, Apt. #, etc.

101

City & State

MIAMI FLORIDA

Zip  
33161

Country  
U.S.A



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0372093

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MENARD, MARTIN W  
11750 NE 16TH AVE  
101  
MIAMI FL 33161

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-24-00

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MENARD, MARTIN W	
STREET ADDRESS	11750 NE 16TH AVE #307	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	T	<input type="checkbox"/> Delete
NAME	AURELUS, ANITA	
STREET ADDRESS	7137 NW 1 ST COT	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	S	<input type="checkbox"/> Delete
NAME	MENARD, ROSETTE	
STREET ADDRESS	11750 NE 16TH AVE #307	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	MENARD, MARTIN W	
STREET ADDRESS	11750 N.E. 16TH AVE APT 101	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	AURELUS, ANITA	
STREET ADDRESS	7173 N.W. 1CT	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	D	<input type="checkbox"/> Delete
NAME	MENARD, ROSETTE	
STREET ADDRESS	11750 N.E. 16TH AVE APT 101	
CITY-ST-ZIP	MIAMI FL 33161	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-00

Date

672-6600

Daytime Phone #

CR2E037 (9/99)