

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000130

1. Entity Name

GOOD SHEPHERD MENNONITE EVANGELICAL CHURCH, INC.

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90056 010 ****66.25

0040078

Principal Place of Business

Mailing Address

95 NE 80TH TERRACE
MIAMI FL 33138
US

11750 NE 16TH AVE. #101
101
MIAMI FL 33161
US

2. Principal Place of Business

3. Mailing Address

95 NE 80TH TERRACE

11750 NE 16TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33138

US

33161

US

6. Name and Address of Current Registered Agent

4. FEI Number

65-0372093

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 MARTIN WILLS MENARD, PASTOR

04-17-01

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

(NOTE: Registered Agent 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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARIETTE WILLIAM 716 NE 85TH ST MIAMI, FL 33138 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIETTE WILLIAM 716 NE 85TH ST MIAMI, FL 33138 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 RE *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-17-01

(305) 891-1651

Date

Daytime Phone #

CR2E037 (10/00)

960991



DO NOT WRITE IN THIS SPACE