
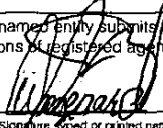
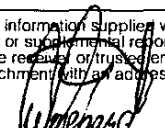


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91010 026 ****66.25

DOCUMENT # N93000000130					
1. Entity Name GOOD SHEPHERD MENNONITE EVANGELICAL CHURCH, INC.					
Principal Place of Business 11303 NE 13TH AVENUE MIAMI, FL 33161 US			Mailing Address 11303 NE 13TH AVENUE MIAMI, FL 33161 US		
2. Principal Place of Business 11303 NE 13TH AVENUE		3. Mailing Address 11750 NE 16TH AVENUE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 65-0372093	
Zip 33161		Country USA		Applied For Not Applicable	
Zip 33161		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 			DATE 04-19-04		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D	NAME MENARD, MARTIN W		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS 11750 NE 16TH AVE., #101	CITY-ST-ZIP MIAMI, FL 33161		STREET ADDRESS	CITY-ST-ZIP	
TITLE TD	NAME WILLIAM, MARIETTE		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS 716 NE 85TH ST	CITY-ST-ZIP MIAMI, FL 33138		STREET ADDRESS	CITY-ST-ZIP	
TITLE SD	NAME MENARD, ROSETTE		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS 11750 NE 16TH AVE., #101	CITY-ST-ZIP MIAMI, FL 33161		STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME MENARD, MARTIN W		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS 11750 N.E. 16TH AVE APT 101	CITY-ST-ZIP MIAMI, FL 33161		STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME MENARD, ROSETTE		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS 11750 N.E. 16TH AVE APT 101	CITY-ST-ZIP MIAMI, FL 33161		STREET ADDRESS	CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	
STREET ADDRESS	CITY-ST-ZIP		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: 			DATE 04-19-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # (305) 891-1651		