
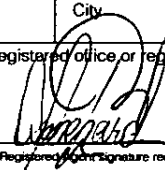


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90313 001 ****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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0372093	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MENARD, MARTIN W 11750 NE 16TH AVE 101 MIAMI, FL 33161			Name Street Address (P.O. Box Number is Not Acceptable) City State 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 <u>MARTIN WILLS MENARD</u>  <u>04-22-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	D MENARD, MARTIN W 11750 NE 16TH AVE., #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	TD WILLIAM, MARIETTE 716 NE 85TH ST MIAMI, FL 33138	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAM MARIETTE 15615 NE 4TH CT N.MIAMI BCH, FL 33162	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MENARD, ROSETTE 11750 NE 16TH AVE., #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	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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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		<input type="checkbox"/> Delete	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: 			04-22-05 (305) 891-1651		
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		