

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000130

FILED
May 01, 2009
Secretary of State

Entity Name: GOOD SHEPHERD MENNONITE EVANGELICAL CHURCH, INC.

Current Principal Place of Business:

11303 NE 13TH AVENUE
MIAMI, FL 33161 US

New Principal Place of Business:

Current Mailing Address:

11303 NE 13TH AVENUE
MIAMI, FL 33161 US

New Mailing Address:

P.O.BOX 381282
MIAMI, FL 33238 US

FEI Number: 65-0372093 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MENARD, MARTIN W
5510 BESS LANE
HOUSE
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MENARD, MARTIN W
Address: 5510 BESS LANE
City-St-Zip: WINTER HAVEN, FL 33884

Title: TD () Delete
Name: GUITEAU, PIERRE
Address: 1400 NW 123 ST
City-St-Zip: MIAMI, FL 33167

Title: SD () Delete
Name: MARCELIN, CELINA
Address: 16980 NE 1ST AVE
City-St-Zip: MIAMI, FL 33162

Title: D () Delete
Name: MENARD, MARTIN W
Address: 5510 BESS LANE
City-St-Zip: WINTER HAVEN, FL 33884

Title: TD () Delete
Name: GUITEAU, PIERRE
Address: 1400 NW 123ST
City-St-Zip: MIAMI, FL 33167

Title: D () Delete
Name: MENARD, MARTIN W
Address: 5510 BESS LANE
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: NOEL, ALTIDE
Address: 1350 NE 215 ST
City-St-Zip: MIAMI, FL 33179

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: NOEL, ALTIDE
Address: 1350 NE 215 ST
City-St-Zip: MIAMI, FL 33179

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN W. MENARD

D

05/01/2009

Electronic Signature of Signing Officer or Director

Date