

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N 9300000229.3**

1. Entity Name

GOOD SHEPHERD FOR CHRIST
"STRUGGLE & Victory"

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90078 002 ****70.00

Principal Place of Business

Mailing Address

11886 W. DIXIE HWAY
MIAMI, FL 33161

5700 S.W. 148 Place
MIAMI, FL 33193

B0052499

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0419402

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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	PD	☐ Delete
NAME	MILFORT, Marie Y.	
STREET ADDRESS	5700 SW 148 Place	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE	D	☐ Delete
NAME	ROOSEVELT MILFORT	
STREET ADDRESS	5700 SW 148 Place	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE	D	☒ Delete
NAME	MARSEILLE - LINDOR, GERALDA	
STREET ADDRESS	14120 N.E. 16TH COURT	
CITY-ST-ZIP	MIAMI, FL 33181	
TITLE	O	☒ Delete
NAME	JOSEPH FRANCIS	
STREET ADDRESS	727 N.E. 140TH STREET	
CITY-ST-ZIP	MIAMI, FL 33163	
TITLE	O	☒ Delete
NAME	DIMANCHE, ELIFINE	
STREET ADDRESS	P.O. BOX 381182	
CITY-ST-ZIP	MIAMI, FL 33238	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	O	☐ Change ☒ Addition
NAME	YANITHE MOISE	
STREET ADDRESS	19931 SW 79TH AVE	
CITY-ST-ZIP	MIAMI, FL 33189	
TITLE	D	☐ Change ☒ Addition
NAME	MIMONDE MILFORT	
STREET ADDRESS	1330 N.E. 129TH ST.	
CITY-ST-ZIP	MIAMI, FL 33161	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99

Date

Daytime Phone #

(305) 385-8770

CR2E037 (9/99)