2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002540

FILED Apr 18, 2006 Secretary of State

Entity Name: GOSPEL CHURCH OF THE GREAT SHEPHERD, INC.

	rincipai Piace	e of Business:	New Principal Plac	New Principal Place of Business:		
260 NE 59 MIAMI, FL						
Current M	ailing Addre	ss:	New Mailing Addre	New Mailing Address:		
637 NE 67 MIAMI, FL	TH STREET 33137 US					
FEI Number:	65-0757549	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and	Address of (Current Registered Agent:	Name and Address	of New Registered Agent:		
260 N.E. 5	PRENOR J 9TH STREET 33137 US					
	named entity e of Florida.	submits this statement for the p	urpose of changing its register	red office or registered agent, or both,		
SIGNATUF						
	Electro	nic Signature of Registered Age	ent	Date		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:	PD (GLAUDE, PRE) Delete	Title:	() Change () Addition		
Address:	637 NE 67TH 8 MIAMI, FL 331	STREET	Name: Address: City-St-Zip:			
Address: City-St-Zip: Title: Name: Address:	637 NE 67TH 5 MIAMI, FL 331	STREET 38 US Delete , NORMIL TREET	Address:	() Change () Addition		
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Oddress: City-St-Zip:	637 NE 67TH S MIAMI, FL 331 T (MARIE KETTIA 637 N.E. 67 ST MIAMI, FL 331 VSD (CHERY, JHON 710 N.E. 154 S	STREET 138 US) Delete NORMIL TREET 138 US) Delete Y	Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition		
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Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	637 NE 67TH S MIAMI, FL 331 T (MARIE KETTIA 637 N.E. 67 ST MIAMI, FL 331 VSD (CHERY, JHON 710 N.E. 154 S N MIAMI BEAC TD (DIJON, JOSUE 1305 NE 132N NORTH MIAMI	STREET 138 US) Delete 4, NORMIL TREET 138 US) Delete Y STREET H, FL 33162 US) Delete E D STREET , FL 33161 US) Delete NA J TREET	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address: Address:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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.

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SIGNATURE:	PRENOR JEAN-GLAUDE	PD	04/18/2006