

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004625 (9)

1. Corporation Name

GOOD - SHEPPARD CHURCH OF HOLLYWOOD INC.



Principal Place of Business

Mailing Address

1858 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

1858 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

2. Principal Place of Business

2a. Mailing Address

21 1858 Hollywood BLVD

26 1858 HOLLYWOOD BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 HOLLYWOOD FLA

27 HOLLYWOOD FLA

City & State

City & State

23 Zip 33020 Country

28 Zip 33020 Country

24 33020 25

29 33020 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
09/20/1994

3a. Date of Last Report
09/12/1995

4. FEI Number

65-0528874

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD THOMAS SHEEHAN**
STREET ADDRESS **1858 HOLLYWOOD BLVD**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ DELETE

NAME **T SUSAN BRUNS**
STREET ADDRESS **1934 VAN BUREN ST**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ DELETE

NAME **T LINDA ELLIOT**
STREET ADDRESS **1710 HOMAS ST**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Thomas Sheehan

Director

4/30/96

954-929-6708

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)