


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 16 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000004625 (9)**

1. Corporation Name

**GOOD - SHEPPARD CHURCH OF HOLLYWOOD INC.**



Principal Place of Business

409 N 19 AVE

Mailing Address

1858 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020

1858 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020-6819

3. Date Incorporated or Qualified  
**09/20/1994**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

21 **409 N 19TH AVE APT 4**

2a. Mailing Address

26 **409 N 19TH AVE APT 4**

Suite, Apt. #, etc.

22 **HOLLYWOOD FLA**

Suite, Apt. #, etc.

27 **HOLLYWOOD FLA**

City & State

23

City & State

28

Zip

24 **33020**

Country

25 **BROWARD**

Zip

29 **33020**

Country

30 **BROWARD**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHEEHAN, THOMAS**  
**1858 HOLLYWOOD BLVD.**  
**HOLLYWOOD FL 33020**

81 Name

**SAME**

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

**Thomas Sheehan (Director)**

**4-21-97**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMAS SHEEHAN</b>	<b>DIRECTOR</b>
STREET ADDRESS	<b>1858 HOLLYWOOD BLVD</b>	<b>(D)</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	

1.1 TITLE	<b>THOMAS SHEEHAN</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>409 N 19TH AVE APT 4</b>	<b>(D)</b>
1.3 STREET ADDRESS	<b>HOLLYWOOD FLA 33020</b>	
1.4 CITY-ST-ZIP		

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>SUSAN BRUNS</b>	<b>OFFICER</b>
STREET ADDRESS	<b>1934 VAN BUREN ST</b>	<b>(T)</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	

2.1 TITLE	<b>SUSAN BRUNS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>1934 VAN BUREN ST</b>	<b>(T)</b>
2.3 STREET ADDRESS	<b>HOLLYWOOD FL 33020</b>	
2.4 CITY-ST-ZIP		

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>LINDA ELLIOT</b>	<b>OFFICER</b>
STREET ADDRESS	<b>1710 THOMAS ST</b>	<b>(T)</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	

3.1 TITLE	<b>LINDA ELLIOT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>1710 THOMAS ST</b>	<b>(T)</b>
3.3 STREET ADDRESS	<b>HOLLYWOOD FL 33020</b>	
3.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

**Thomas Sheehan**

**4-21-97**

CR2E037 (9/96)