

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N94000004625 (9)
1. Corporation Name
GOOD - SHEPPARD CHURCH OF HOLLYWOOD INC.



Principal Place of Business 409 N 19TH AVE APT. # 2 HOLLYWOOD FL 33020 US	Mailing Address 409 N 19TH AVE APT. # 2 HOLLYWOOD FL 33020 US
---	---

3. Date Incorporated or Qualified 09/20/1994	
4. FEI Number 65-0528874	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 409 N 19TH AVE #2	2a. Mailing Address 26 409 N 19TH AVE
22 Hollywood Fla	27 APT 2
23 City & State	28 HOLLYWOOD FLA
24 Zip 33020	25 Country BRWD
29 Zip 33020	30 Country BROWARD

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SHEEHAN, THOMAS 1658 HOLLYWOOD BLVD. 409 N 19TH AVE #2 HOLLYWOOD FL 33020	
---	--

10. Name and Address of New Registered Agent	
B1 Name SAME	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City FL	B5 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 D DATE 4-26-98
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 D	DIRECTOR <input type="checkbox"/> DELETE	1.1 TITLE TOM SHEEHAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMAS SHEEHAN		1.2 NAME 409 N 19TH AVE APT # 2	
STREET ADDRESS 1658 HOLLYWOOD BLVD	409 N 19TH AVE #2	1.3 STREET ADDRESS HOLLYWOOD FLA. 33020	
CITY-ST-ZIP HOLLYWOOD FL		1.4 CITY-ST-ZIP NEW ADDRESS	
TITLE TO	TO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SUSAN BRUNS		2.2 NAME	
STREET ADDRESS 1934 VAN BURER ST		2.3 STREET ADDRESS	
CITY-ST-ZIP HOLLYWOOD FL		2.4 CITY-ST-ZIP	
TITLE TO	TO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LINDA ELLIOT		3.2 NAME	
STREET ADDRESS 1710 HOMAS ST		3.3 STREET ADDRESS	
CITY-ST-ZIP HOLLYWOOD FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 DATE: 4/26/98 954-939-6708

CRE037 (10/97)