

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N94000004625 (9)**

1. Corporation Name

GOOD - SHEPPARD CHURCH OF HOLLYWOOD INC.



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

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|------------------------------------------------------------|----------------------------------------------|
| 2. Principal Place of Business 409 N 19TH AVE #2 | 2a. Mailing Address 409 N 19TH AVE |
| 21. Suite, Apt. #, etc. Hollywood Fla | 26. Suite, Apt. #, etc. APT 2 |
| 22. City & State HOLLYWOOD FLA | 27. City & State HOLLYWOOD FLA |
| 23. Zip 33020 | 28. Country BRWD |
| 24. Zip 33020 | 29. Country BRWD |

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| 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 |

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| 9. Name and Address of Current Registered Agent SHEEHAN, THOMAS 1050 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 | 10. Name and Address of New Registered Agent SAME |
| 81. Name | 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83. City | 84. Zip Code FL |

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------------------------|---------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE 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 1050 HOLLYWOOD BLVD | | 1.3 STREET ADDRESS HOLLYWOOD FLA. 33020 | |
| CITY-ST-ZIP HOLLYWOOD FL | | 1.4 CITY-ST-ZIP NEW ADDRESS | |
| TITLE 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 BUREN ST | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP HOLLYWOOD FL | | 2.4 CITY-ST-ZIP | |
| TITLE 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

CR2E037 (10/97)