

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004625

1. Entity Name.

GOOD - SHEPPARD CHURCH OF HOLLYWOOD INC. ✓

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90004 009 ****61.25

Principal Place of Business

Mailing Address

409 N 19TH AVE
STE 2
HOLLYWOOD FL 33020
US

409 N 19TH AVE
STE 2
HOLLYWOOD FL 33020
US

2. Principal Place of Business

3. Mailing Address

409 N 19TH AVE

409 N 19TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT 2

APT 2

City & State

City & State

HOLLYWOOD FLORIDA

HOLLYWOOD FLA

Zip

Country

Zip

Country

33020

US

33020

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEEHAN, THOMAS

409 N 19 AVE

STE 2

HOLLYWOOD FL 33020

Name

SAME

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS SHEEHAN, T
CITY-ST-ZIP 409 N 19TH AVE, 2
HOLLYWOOD FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME TO
STREET ADDRESS SUSAN BRUNS
CITY-ST-ZIP 1934 VAN BUREN ST
HOLLYWOOD FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME TO
STREET ADDRESS LINDA ELLIOT
CITY-ST-ZIP 1710 HOMAS ST
HOLLYWOOD FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

THOMAS SHEEHAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-2000

Date

954-929-6708

Daytime Phone #

CR2E037 (5/00)