

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90164 006 ****61.25

DOCUMENT # N99000000910

1. Entity Name
THE SHEPHERD OF THE STREETS MINISTRIES, INC.



Principal Place of Business
**145 NE 10 STREET
HOMESTEAD, FL 33030**

Mailing Address
**145 NE 10 STREET
HOMESTEAD, FL 33030**

40040040



01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0893536

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PLOUCHA, LAWRENCE M
100 S.E. 3rd Ave. Suite 1400
HOLLYWOOD, FL 33020
Ft. Lauderdale, Fl. 33394

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TIRADO, VINCENT
STREET ADDRESS	18601 SW 210 ST.
CITY - ST - ZIP	MIAMI, FL 33187
TITLE	D
NAME	SHOEMAKER, ERIC W REV
STREET ADDRESS	8795 LOWELL ROAD
CITY - ST - ZIP	POMFRET, MD 20675
TITLE	D
NAME	KRENICK, MARLOW MR.
STREET ADDRESS	14605 SW 232 STREET
CITY - ST - ZIP	MIAMI, FL 33170
TITLE	D
NAME	SANDOVAL, CARLOS REV
STREET ADDRESS	109-50 SW 34TH STREET
CITY - ST - ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 March 05

Date

301-751-0968

Daytime Phone #