

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

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**



01042007 No Chg-NP CR2E037 (4/06)

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 SE 3RD AVE, STE 1400
FORT 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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000624100
02/14/07-80018-006 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TIRADO, VINCENT 18601 SW 210 ST. MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHOEMAKER, ERIC W REV 8795 LOWELL ROAD POMFRET, MD 20875
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRENICK, MARLOW MR. 14605 SW 232 STREET MIAMI, FL 33170
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANDOVAL, CARLOS REV 109-50 SW 34TH STREET MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

Vincent Tirado
VINCENT TIRADO

1-31-07 305 252 4057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #