

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90025 021 ****61.25

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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**

40093000



01042008 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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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 20675**

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

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/08 305-
252-4057
Date Daytime Phone #