

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2005  
Secretary of State**

DOCUMENT# 728289

Entity Name: GOOD SHEPHERD MINISTRIES, INC.

**Current Principal Place of Business:**

2711 N HARBOR CITY BLVD  
MELBOURNE, FL 32935 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 360963  
MELBOURNE, FL 329360963 US

**New Mailing Address:**

FEI Number: 59-2386681      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

YOUNGER, WILLIAM S  
1160 HOLLAND STREET  
MELBOURNE, FL 32935 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: MCDANIEL, LEON  
Address: 1280 ISLAND DR  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: P ( ) Delete  
Name: MITCHELL, JEFF  
Address: 2711 N. HARBOR CITY BLVD.  
City-St-Zip: MELBOURNE, FL 32935

Title: DE ( ) Delete  
Name: WILDA I. DIXON,  
Address: 945 PROSPERITY PL.  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete  
Name: YOUNGER, WILLIAM  
Address: 1160 HOLLAND ST.  
City-St-Zip: MELBOURNE, FL 32935

Title: VP ( ) Delete  
Name: CAPLE, JAMES  
Address: 1194 YACHT CLUB BLVD  
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: T ( ) Delete  
Name: LUECKE, FREIDA  
Address: 104 RIVERSIDE DR #301  
City-St-Zip: COCOA, FL 329227842

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: FADDEN, CHRISTOPHER  
Address: 440 MALLARD LANE  
City-St-Zip: INDIALANTIC, FL 32903

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES CAPLE

VP

04/27/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date