

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728289

FILED
Jan 21, 2009
Secretary of State

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: SMITH, RONALD
Address: 1610 REYNOLDS RD #182
City-St-Zip: LAKELAND, FL 33801

Title: V () 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: T () Delete
Name: JONES, PATRICIA
Address: 420 CREETRAIL
City-St-Zip: PATRICK AFB, FL 32925

Title: P () Delete
Name: ADAMS, ROY
Address: 808 DETYENS RD
City-St-Zip: MOUNT PLEASANT, SC 29464

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: T (X) Change () Addition
Name: JONES, PATRICIA
Address: 210 RIVERSIDE TRAIL
City-St-Zip: PATRICK AFB, FL 32925

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PATRICIA JONES

T

01/21/2009

Electronic Signature of Signing Officer or Director

Date