

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728289

FILED  
Feb 16, 2011  
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  
Name: MCDANIEL, CLIFFORD L  
Address: 1250 ISLAND DRIVE  
City-St-Zip: MERRITT ISLAND, FL 32952

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

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

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

Title: T  
Name: LUECKE, FREIDA  
Address: 104 RIVERSIDE DRIVE #301  
City-St-Zip: COCOA, FL 329227860

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

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA JONES

FS

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date