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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700001068

1. Corporation Name

GENTLE SHEPHERD METROPOLITAN COMMUNITY CHURCH OF TALLAHASSEE, INC.

Principal Place of Business POST OFFICE BOX 6137 TALLAHASSEE FL 32314

2. Principal Place of Business

Suite, Apt. #, etc.

22

Mailing Address

POST OFFICE BOX 6137 TALLAHASSEE FL 32314

2a. Mailing Address

Suite, Apt. #, etc.

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FILED Apr 14, 1999 8:00 am § Secretary of State

04-14-1999 90192 025 ****61.25

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3. Date Incorporated or Qualifed

02/25/1997

59-3431642

4. FEI Number



Zip Country Zip Country	City & State					5. Certificate of Status Desired Fee Required	
3. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing is negistered office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby succept the appointment as registered agent, and point in the purpose of changing is negistered agent. I am fightily with, and apopt the obligations of, Section 617,0502, Florids Statutes. 11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing is negistered agent. I am fightily with, and apopt the obligations of, Section 617,0502, Florids Statutes. 12. OFFICERS AND DIRECTORS IN THE Substant, bear of predictions of the purpose of changing is negistered agent. I am fightily with, and apopt the obligations of, Section 617,0502, Florids Statutes. 12. OFFICERS AND DIRECTORS IN THE Substant, bear of prediction and of registered agent and the registered agent. I am fightily with and apopt the obligations of sections 617,0502, Florids Statutes. 12. OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS IN 12 12. NAME 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ORDINARY ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ORDINARY ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. NAME 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. NAME 16. NAME TO ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. NAME 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. NAME TO ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. NAME TO ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. NAME TO ADDITIONS/CHANGES TO OFFICERS AND DI	23	Country	7in	Country		& Fleeties Compaign Financing \$5.00 May Re	
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TALLAHASSEE FL 32311 B3				82		Address (P.O. Box Number is Not Acceptable)	
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hareby accept the appointment as registered agent. I many accept the originators of, Section 617,0503, Florida Statutes. 13							
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14. The whole exhibit that the information applied with this filling does not qualify for the exemption stated in Section 119 07/3/iii). Florida Statutes, I further certify that the information	STREET ADDRESS			6.3 STREE	T ADDRESS		
14. There has no stiff a that the information supplied with this filling does not qualify for the exemption stated in Section 119 07/3/(i). Florida Statutes, I further certify that the information	CITY-\$T-ZIP						
	14 1 5 5 5 5 5 5 5	certify that the information supplied with	this filing does not qualify for th	e exemp	tion stated	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information	

I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, and the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SCHATTIRE RECEURED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

921-9370

Daytime Phone #

32E037_(11/98

Applied For

Not Applicable