2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Feb 15, 2001 8:00 am
Secretary of State
01-27-2001 90078 001 ****61.25

DOCUMENT # N97000001068

1. Entity Name

GENTLE SHEPHERD METROPOLITAN COMMUNITY CHURCH OF

Principal Place of Business	Mailing Address
POST OFFICE BOX 6137 TALLAHASSEE FL 32314	POST OFFICE BOX 6137 TALLAHASSEE FL 32314

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2810 N. Meridian Rd	327 Office Plaza Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 209
City & State Tallahassee, FL	City & State Tallahassee, FL
Zip: 32312 Country: U.S.A.	Zip: 32301 Country: U.S.A.

4. FEI Number 59-3431642 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HICKS, THOMAS L MD 2302 ELLICOTT DR TALLAHASSEE FL 32312	Name: Dan Leonard Street Address (P.O. Box Number is Not Acceptable): 432 Teal Lane, Apt D City: Tallahassee FL Zip Code: 32308

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.

SIGNATURE: Daniel E Leonard 1-9-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TESSMER, CONNIE 101 CREST ST TALLAHASSEE FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Moderator (VM) (D) Joe Baker, Jr. 8370 Glendalin Rd Tallahassee, FL 32311	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MTRD HICKS, THOMAS L MD 2302 ELLICOTT DR TALLAHASSEE FL 32312	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Clerk (CK) (D) Dan Leonard 432 Teal Ln. Apt D Tallahassee, FL 32308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VM MCKINLEY, JON-MARK 104 E WASHINGTON ST, APT 2-B QUINCY FL 32351	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer (TR) (D) Darryl Gurley PO Box 1525 Quincy, FL 32353	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CAGLE, JEFFREY W 501 BLARSTONE RD #402 TALLAHASSEE FL 32301	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Moderator (MD) (D) Rev. Paul Anway 1800 Miccosukee Comns Dr #721 Tallahassee, FL 32308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 REQUIRED Paul Anway - Moderator 1/8/01 878-3001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #