

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001068

FILED
Mar 28, 2005
Secretary of State

Entity Name: GENTLE SHEPHERD METROPOLITAN COMMUNITY CHURCH OF TALLAHASSEE, INC.

Current Principal Place of Business:

2810 NORTH MERIDIAN ROAD
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

310 BLOUNT STREET STE 205
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-3431642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANWAY, PAUL N
558 E. PARK AVE, #3
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

ANWAY, PAUL N
1501 GRAPE STREET, APT. B
TALLAHASSEE, FL 32303 US

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:

03/28/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALVAREZ, FRANK
Address: 1303 CHOCKSACKA NENE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: CARMEN, KIM
Address: 404 MIDFLOW ST
City-St-Zip: TALLAHASSEE, FL 32304

Title: DT () Delete
Name: MOORE, JACK
Address: 463 STONE HOUSE RD
City-St-Zip: TALLAHASSEE, FL 32301

Title: MD () Delete
Name: ANWAY, REV. PAUL
Address: 1800 MICCOSUKEE CMNS. DR. #721
City-St-Zip: TALLAHASSEE, FL 32308

Title: SD () Delete
Name: BRODERIDGE, SHARON
Address: 1311 TALAVANA TRAIL
City-St-Zip: HAVANA, FL 32333

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MACDONNELL, MS. MARCY
Address: 1007 CAP TRAM RD.
City-St-Zip: TALLAHASSEE, FL 32311

Title: DT (X) Change () Addition
Name: CARMEN, MS. KIM
Address: 404 MIDFLOW ST
City-St-Zip: TALLAHASSEE, FL 32304

Title: D (X) Change () Addition
Name: WRIGHT, DR. RICHARD
Address: 1292 FERN HILL COURT
City-St-Zip: TALLAHASSEE, FL 32312

Title: MD (X) Change () Addition
Name: ANWAY, REV. PAUL
Address: 1501 GRAPE STREET, APT. B
City-St-Zip: TALLAHASSEE, FL 32303

Title: SD (X) Change () Addition
Name: MCDONALD, MS. TONI
Address: 48 LOG CABIN RD.
City-St-Zip: CRAWFORDFILLE, FL 32327

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: PAUL ANWAY

MD

03/28/2005

Electronic Signature of Signing Officer or Director

Date