

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001068

FILED
Feb 17, 2009
Secretary of State

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

Current Principal Place of Business:

4738 THOMASVILLE ROAD
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

4738 THOMASVILLE ROAD
TALLAHASSEE, FL 32309

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
1951 N. MERIDIAN RD., APT. 29
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

CONE, TRAVIS C
4738 THOMASVILLE ROAD
TALLAHASSEE, FL 32309 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: TRAVIS C. CONE

02/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: SD () Delete
Name: JENKINS, JENNI
Address: 3604 MARTINWOOD CT
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: SCHABERG, GREG
Address: 316 TEAL LANE
City-St-Zip: TALLAHASSEE, FL 32308

Title: MD () Delete
Name: ANWAY, REV. PAUL
Address: 1951 N. MERIDIAN RD, APT. 29
City-St-Zip: TALLAHASSEE, FL 32303

Title: T (X) Delete
Name: CONE, TRAVIS
Address: 1914 RAA AVE
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DUFFY, MICHELE
Address: 5265 COUNTRYSIDE DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

Title: D (X) Change () Addition
Name: CONE, TRAVIS C
Address: 1914 RAA AVENUE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D (X) Change () Addition
Name: ALLEN, CAROLYN
Address: 919 W. KING STREET
City-St-Zip: QUINCY, FL 32351

Title: D (X) Change () Addition
Name: HUDSON, JAY
Address: 2132 ATCHENE NENE
City-St-Zip: TALLAHASSEE, FL 32301

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: TRAVIS C. CONE

D

02/17/2009

Electronic Signature of Signing Officer or Director

Date