2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728289

Entity Name: GOOD SHEPHERD MINISTRIES, INC.

Current Principal Place of Business:

2711 N HARBOR CITY BLVD
MELBOURNE, FL 32935

Current Mailing Address:

PO BOX 360963
MELBOURNE, FL 32936-0963 US

FEI Number: 59-2386681

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

YOUNGER, WILLIAM S
1160 HOLLAND STREET
MELBOURNE, FL 32935 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: _____

Electronic Signature of Registered Agent   Date

Officer/Director Detail :

Title	S		Title	V
Name	MCDANIEL, CLIFFORD L		Name	MITCHELL, JEFF
Address	1250 ISLAND DRIVE		Address	2711 N. HARBOR CITY BLVD.
City-State-Zip:	MERRITT ISLAND FL 32952		City-State-Zip:	MELBOURNE FL 32935
Title	D		Title	T
Name	YOUNGER, WILLIAM		Name	LUECKE, FREIDA
Address	1160 HOLLAND ST.		Address	104 RIVERSIDE DRIVE #301
City-State-Zip:	MELBOURNE FL 32935		City-State-Zip:	COCOA FL 32922-7860
Title	P		Title	OFFICER
Name	WALES, TONEY		Name	COTTON, JAMES
Address	147 BELL DRIVE		Address	232 COTTON LANE
City-State-Zip:	TRINITY AL 35673		City-State-Zip:	CARYVILLE TN 37714
Title	OFFICER		Title	OFFICER
Name	GRAHAM, DON		Name	SMITH, RON
Address	101 CRAIG CIRCLE		Address	1610 REYNOLDS ROAD #182
City-State-Zip:	CLANTON AL 35045		City-State-Zip:	LAKELAND FL 33801

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   FINANCIAL SECRETARY   03/28/2015

Electronic Signature of Signing Officer/Director Detail   Date