

**FILE NOW: FILING FEE IS \$61.25**

1-2

NONPROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**1996**

**DOCUMENT # 710399 (7)**  
1. Corporation Name  
**GOOD SHEPHERD UNITED METHODIST CHURCH, INC.**



Principal Place of Business  
**2341 SOUTH MILITARY TRAIL  
WEST PALM BEACH FL 33415**

Mailing Address  
**2341 SOUTH MILITARY TRAIL  
WEST PALM BEACH FL 33415**

3. Date Incorporated or Qualified  
**02/21/1966**

3a. Date of Last Report  
**04/27/1995**

4. FEI Number  
**59-6193781**

Applied For  
☐ Not Applicable

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

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes **XX** No

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

Suite, Apt. #, etc.  
**22**

Suite, Apt. #, etc.  
**27**

City & State  
**23**

City & State  
**28**

Zip  
**24**

Country  
**25**

Zip  
**29**

Country  
**30**

**9. Name and Address of Current Registered Agent**

**GANN, JAMES M., ATTY.  
257 SOUTHEAST AVE. E  
BELLE GLADE FL 33430**

**10. Name and Address of New Registered Agent**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City **FL** **85** Zip Code

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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>STOPKE, MARY ELLEN</b>	
STREET ADDRESS	<b>1531 DREXEL RD. N. #379</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JENNE, MARVIN</b>	
STREET ADDRESS	<b>7607 MONCLAIR COURT</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GAYLER, BILL</b>	
STREET ADDRESS	<b>10015 STATE ROAD 7</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COOK, MARK</b>	
STREET ADDRESS	<b>15100 FOREST LANE</b>	
CITY-ST-ZIP	<b>LOXAHATCHEE FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>VANDER WOUDE, JIM</b>	
STREET ADDRESS	<b>6225 PINE DR.</b>	
CITY-ST-ZIP	<b>LANTANA FL 33462</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>KUZMIREK, CAS</b>	
STREET ADDRESS	<b>7581 LAUDEN DR</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Launa Rau</b>	
2.3 STREET ADDRESS	<b>2341 S. Military Trail</b>	
2.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33415</b>	
3.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Micki Kreiger</b>	
3.3 STREET ADDRESS	<b>2341 S. Military Trail</b>	
3.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33415</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

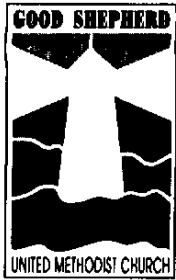
4-19-96

Date

407-588-3854

Daytime Phone #

CR2E037 (12/95)



**BRINGING  
PEOPLE  
TO JESUS**

2.2

**GOOD SHEPHERD UNITED METHODIST CHURCH**

2341 South Military Trail - West Palm Beach, FL 33415-7599 - (407) 965-4311

FAX - (407) 965-4775

**GOOD SHEPHERD UNITED METHODIST CHURCH  
ADDITIONAL DIRECTORS  
BOARD OF TRUSTEES**

**D**

**Rayside, Larry  
2341 S. Military Trail  
West Palm Beach, Florida 33415**

**D**

**Maddox, Fred  
2341 S. Military Trail  
West Palm Beach, Florida 33415**

**D**

**Smith, Carlene  
2341 S. Military Trail  
West Palm Beach, Florida 33415**

**D**

**Hiers, Robert  
2341 S. Military Trail  
West Palm Beach, Florida 33415**