

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712207

FILED
Apr 05, 2005
Secretary of State

Entity Name: PRESBYTERIAN CHURCH OF THE GOOD SHEPHERD OF MELBOURNE, FLORIDA, INC.

Current Principal Place of Business:

810 W FLORIDA AVE
MELBOURNE, FL 329015156

New Principal Place of Business:

Current Mailing Address:

810 W FLORIDA AVE
MELBOURNE, FL 329015156

New Mailing Address:

FEI Number: 59-6585306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMAGE, ERMA
3112 HANSON AVENUE
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: PLUHAR, GRACE
Address: 2255 LAUNCH CT #383
City-St-Zip: W MELBOURNE, FL 32904

Title: P () Delete
Name: GOLD, ROBERT
Address: 3363 MAZUR DR
City-St-Zip: MELBOURNE, FL 32901

Title: TS () Delete
Name: KEENAN, JOANN
Address: 2300 WOODLAKE DR., NE #104
City-St-Zip: PALM BAY, FL 32905

Title: D () Delete
Name: WIEGNER, DOUGLAS
Address: 810 LYNBROOK ST NW
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: LOWRY, DIANE
Address: 3211 MARSHALL DRIVE
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: CARNES, MELANIE
Address: 306 YELLOWSTONE ST., NE
City-St-Zip: PALM BAY, FL 32907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PLUHAR, GRACE
Address: 2255 LAUNCH CT #383
City-St-Zip: W MELBOURNE, FL 32904

Title: VP (X) Change () Addition
Name: CONKLIN, SHIRLEY
Address: 4770 SUGAR CREEK DR
City-St-Zip: W MELBOURNE, FL 32904

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WIEGNER, LUZETTE
Address: 810 LYNBROOK ST NW
City-St-Zip: PALM BAY, FL 32907

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOANN KEENAN

TS

04/05/2005

Electronic Signature of Signing Officer or Director

Date