

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90228 028 ****61.25

DOCUMENT # 712207

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



Principal Place of Business
**810 W FLORIDA AVE
MELBOURNE, FL 32901-5156**

Mailing Address
**810 W FLORIDA AVE
MELBOURNE, FL 32901-5156**

50016698



03222006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-6585306

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAMAGE, ERMA
3112 HANSON AVENUE
MELBOURNE, FL 32901**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **PLUHAR, GRACE**
STREET ADDRESS **2255 LAUNCH CT #383**
CITY-ST-ZIP **W MELBOURNE, FL 32904**

TITLE **P** ☐ Change ☒ Addition
NAME **Pam Seaver**
STREET ADDRESS **612 A St Albans Ct.**
CITY-ST-ZIP **W Melbourne, FL 32904**

TITLE **VP** ☒ Delete
NAME **CONKLIN, SHIRLEY**
STREET ADDRESS **4770 SUGAR CREEK DR**
CITY-ST-ZIP **W MELBOURNE, FL 32904**

TITLE **VP** ☐ Change ☒ Addition
NAME **Melanie Carnes**
STREET ADDRESS **179 Ridgemont Circle SE**
CITY-ST-ZIP **Palm Bay, FL 32907**

TITLE **TS** ☐ Delete
NAME **KEENAN, JOANN**
STREET ADDRESS **2300 WOODLAKE DR., NE #104**
CITY-ST-ZIP **PALM BAY, FL 32905**

TITLE **VP** ☒ Change ☐ Addition
NAME **Joann Keenan**
STREET ADDRESS **151 Eber Rd Apt. 1001**
CITY-ST-ZIP **Melbourne, FL 32901**

TITLE **D** ☐ Delete
NAME **WIEGNER, LUZETTE**
STREET ADDRESS **810 LYNBROOK ST NW**
CITY-ST-ZIP **PALM BAY, FL 32907**

TITLE **D** ☐ Change ☐ Addition
NAME **David Bell**
STREET ADDRESS **1555 Anglers Dr. NE**
CITY-ST-ZIP **Palm Bay, FL 32905**

TITLE **D** ☒ Delete
NAME **LOWRY, DIANE**
STREET ADDRESS **3211 MARSHALL DRIVE**
CITY-ST-ZIP **MELBOURNE, FL 32901**

TITLE **D** ☐ Change ☒ Addition
NAME **Wayne Hopson**
STREET ADDRESS **402 Seahorse Circle SE**
CITY-ST-ZIP **Palm Bay FL 32909**

TITLE **D** ☒ Delete
NAME **CARNES, MELANIE**
STREET ADDRESS **306 YELLOWSTONE ST., NE**
CITY-ST-ZIP **PALM BAY, FL 32907**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Joann Keenan

JOANN KEENAN Vice Pres.

Date

Daytime Phone #

4/24/06 321-723-3994

ATTACHMENT
500/6698

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PRESBYTERIAN CHURCH OF THE GOOD SHEPHERD OF MELBOURNE,
FLORIDA, INC. 59-6585306

DOCUMENT #712207

ADDITIONAL DIRECTORS FOR 2006

D

Dave Conklin
4770 Sugar Creek Dr.
Melbourne, FL 32904

D

Tina Dizzini
457 Coolidge Rd. NE
Palm Bay, FL 32907

D

Don Woodard
1124 Sedgewood Circle
W. Melbourne, FL 32904-8039

D

Chris Williamson
3602 Egret Dr.
Melbourne, FL 32901