


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90188 020 \*\*\*\*61.25

<b>DOCUMENT # 712207</b>	
1. Entity Name <b>PRESBYTERIAN CHURCH OF THE GOOD SHEPHERD OF MELBOURNE, FLORIDA, INC.</b>	

Principal Place of Business <b>810 W FLORIDA AVE MELBOURNE, FL 32901-5156</b>	Mailing Address <b>810 W FLORIDA AVE MELBOURNE, FL 32901-5156</b>
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40085507

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04242007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-6585306</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>RAMAGE, ERMA 3112 HANSON AVENUE MELBOURNE, FL 32901</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SEAVER, PAM 612 A ST ALBANS CT MELBOURNE, FL 32904</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TSD CARNES, MELANIE 179 RIDGEMONT CIR SE PALM BAY, FL 32907</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP KEENAN, JOANN 151 EBER RD APT 1001 MELBOURNE, FL 32901</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>402 Seahorse Circle SE Palm Bay, FL 32909</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WIEGNER, LUZETTE 810 LYNBROOK ST NW PALM BAY, FL 32907</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BELL, DAVID 1555 ANGLERS DR NE PALM BAY, FL 32905</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HOPSON, WAYNE 402 SEASHORE CIR SE PALM BAY, FL 32909</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>402 Seahorse Circle SE</b>

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** 4/24/07 321-723-3994  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT  
40085507

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

DOCUMENT #712207

ADDITIONAL DIRECTORS FOR 2007

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Kathy Dabney  
136 NW Carolina St.  
W Melbourne, FL 32904

D

Lynn Grap  
4715-3 Lake Waterford Way  
Melbourne, FL 32901

D

Norvelle Pulver  
605 Xavier Ave.  
Melbourne, FL 32901

D

Diane Lowry  
3211 Marshall Dr.  
Melbourne, FL 32901

D

Pat Randolph  
3730 Crista Jean Ave. SE  
Palm Bay, FL 32909

D

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

D

Chris Williamson  
3602 Egret Dr.  
Melbourne, FL 32901