


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90203 026 \*\*\*\*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>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-6585306</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RAMAGE, ERMA 3112 HANSON AVENUE MELBOURNE, FL 32901</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code         </span>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SEEVER, PAM</b> <b>612 A ST ALBANS CT</b> <b>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</b> <b>CARNES, MELANIE</b> <b>179 RIDGEMONT CIR SE</b> <b>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</b> <b>KEENAN, JOANN</b> <b>402 SEAHORSE CIR SE</b> <b>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>650 E Strawbridge Ave #307</b> <b>Melbourne, FL 32901</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WIEGNER, LUZETTE</b> <b>810 LYNBROOK ST NW</b> <b>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</b> <b>BELL, DAVID</b> <b>1555 ANGLERS DR NE</b> <b>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</b> <b>HOPSON, WAYNE</b> <b>402 SEA HORSE CIR SE</b> <b>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>3530 Egret Dr.</b> <b>Melbourne, FL 32901</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.					
<b>SIGNATURE: <u>Joann Keenan</u> <u>JOANN KEENAN</u> 4/28/08 321-723-3994</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

# ATTACHMENT

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

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DOCUMENT #712207

## ADDITIONAL DIRECTORS FOR 2008

D

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

D

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

D

Diane Lowry  
3211 Marshall Dr.  
Melbourne, FL 32901

D

Wendi Nolder  
835 Gera Ave. NW  
Palm Bay, FL 32907

D

Kathy O'Neal  
760 Ventura Dr.  
Satellite Beach, FL 32937

D

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

D

Mark Vorce  
554 Jean Circle  
W. Melbourne, FL 32904

D

Joetta Wilcox  
778 Hamm St. NW  
Palm Bay, FL 32907

D

Chris Williamson  
148 Oak Lake Rd.  
Melbourne, FL 32901