

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90097 033 ****70.00

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1. Entity Name

THE GOOD SHEPHERD MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

**29 WEST 6TH STREET
JACKSONVILLE FL 32206**

Mailing Address

**P.O. BOX 40787
JACKSONVILLE FL 32203**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0677639

Applied For

Not Applicable

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

**RAGGINS, PERNELL
7097 FIRST STREET
ST.AUGUSTINE FL 32092**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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 PD
NAME RAGGINS, PERNELL ☐ Delete
STREET ADDRESS 7097 FIRST STREET
CITY-ST-ZIP ST.AUGUSTINE FL 32092

TITLE Gloria Scandling ☐ Change ☒ Addition
NAME 3247 meadowlea circle no.
STREET ADDRESS Jacksonville, FL 32218
CITY-ST-ZIP

TITLE D
NAME BRADLEY, PHYLLIS ☐ Delete
STREET ADDRESS C/O 7097 FIRST STREET
CITY-ST-ZIP ST.AUGUSTINE FL 32092

TITLE Malvenia Raggins ☐ Change ☒ Addition
NAME 7097 First Street
STREET ADDRESS St. Augustine, FL 32092
CITY-ST-ZIP

TITLE D
NAME HARDAWAY, ROBERT ☐ Delete
STREET ADDRESS 1978 WEST 17TH STREET
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME JONES, DOROTHY ☐ Delete
STREET ADDRESS 11421 BLOSSOM RIDGE DR
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME EASON, JOHNNY ☐ Delete
STREET ADDRESS 4526 HARBOR VIEW DR
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME DURHAM, ERIC ☐ Delete
STREET ADDRESS 59 WEST 55TH STREET
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Pernell Raggins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-05 (904) 716-4019
Date Daytime Phone #