## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## DOCUMENT # N03000002019



FILED May 01, 2006 8:00 am Secretary of State

1. Entity Name  THE GOOD SHEPHERD MISSIONARY BAPTIST CHURCH,				05-01-2006 90316 041 ****70.00		
INC. Principal Place of Business		Mailing Address		· · ·		
29 WEST 6TH STREET JACKSONVILLE FL 32206		P.O. BOX 40787 JACKSONVILLE FL 32203				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E037 (10/05)		
City & State		City & State		4. FEI Number		
Zip	Country	Zip	Country	5. Certificate of Status Desired  \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			f	7. Name and Address of New Registered Agent		
_ max 10 mm				Name		
RAGGINS, PERNELL 7097 FIRST STREET ST.AUGUSTINE FL 32092			Street A	Street Address (P.O. Box Number is Not Acceptable)		
51.#	AUGUSTINE FL 32092		City	<b>₽</b> Zip Code		
				TL   The state of		
8. The above the obligate	tions of registered agent.			r registered agent, or both, in the State of Florida. I am familiar with, and accept		
	FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State		
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS	PD RAGGINS, PERNELL 7097 FIRST STREET	☐ Delete	TITLE NAME STREET ADDRESS	Gloria Scantling Change RAddition 13733 Sandy Creek Dr. D		
CITY-ST-ZIP	ST.AUGUSTINE FL 32092		CITY-ST-ZIP	Jax F1 32224		
TITLE NAME	D BRADLEY, PHYLLIS	☐ Delete	TITLE NAME	Malvenia Raggins Change Maddition 7097 First Street		
STREET ADDRESS CITY-ST-ZIP	C/O 7097 FIRST STREET ST.AUGUSTINE FL 32092		STREET ADDRESS CITY-S1-ZIP	St. Augustine, fl 32092		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDAWAY, ROBERT 1978 WEST 17TH STREET JACKSONVILLE FL 32209	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, DOROTHY 11421 BLOSSOM RIDGE DR JACKSONVILLE FL 32218	☐ Delete	TITLE NAME STREET ADDRESS C!TY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EASON, JOHNNY 4526 HARBOR VIEW DR JACKSONVILLE FL 32208	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURHAM, ERIC 59 WEST 55TH STREET JACKSONVILLE FL 32208	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

**SIGNATURE:** 

Pernell La ggins

4-17-06