

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002019

FILED
Mar 14, 2008
Secretary of State

Entity Name: THE GOOD SHEPHERD MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

29 WEST 6TH STREET
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 40787
JACKSONVILLE, FL 32203

New Mailing Address:

FEI Number: 02-0677639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCANTLING, GLORIA
Address: 13733 SANDY CRK DR
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: RAGGINS, MALVENIA
Address: 7097 FIRST ST
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D () Delete
Name: HARDAWAY, ROBERT
Address: 1978 WEST 17TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: JONES, DOROTHY
Address: 11421 BLOSSOM RIDGE DR
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: EASON, JOHNNY
Address: 4526 HARBOR VIEW DR
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: DURHAM, ERIC
Address: 59 WEST 55TH STREET
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: RAGGINS, PERNELL
Address: 7097 1ST STREET
City-St-Zip: ST. AUGUSTINE, FL 32092

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PERNELL RAGGINS

PD

03/14/2008

Electronic Signature of Signing Officer or Director

Date