

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002019

FILED  
Apr 30, 2009  
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:**

5901 VERNON ROAD  
JACKSONVILLE, FL 32209

**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: PD ( ) Delete  
Name: RAGGINS, PERNELL  
Address: 7097 1ST STREET  
City-St-Zip: ST. AUGUSTINE, FL 32092

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

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

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date