

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008672

FILED
Sep 02, 2005
Secretary of State

Entity Name: THE BAPTIST CHURCH OF JESUS CHRIST, THE GOOD SHEPHERD, INC.

Current Principal Place of Business:

212 WEST 44TH ST.
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

212 WEST 44TH ST.
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 05-0611119 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BYRON, ROLAND
212 WEST 44TH ST.
JACKSONVILLE, FL 32208 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: PD () Delete
Name: SIMEON, MIGUEL
Address: 1148 BROKEN ARROW DR.
City-St-Zip: ORANGE PARK, FL 32065

Title: STD () Delete
Name: JULES, FRITZ
Address: 5424 CARDER ST.
City-St-Zip: JACKSONVILLE, FL 32205

Title: VD () Delete
Name: THERLONGE, JOEL
Address: 1483 SUMMIT OAKS DR. EAST
City-St-Zip: JACKSONVILLE, FL 32221

Title: D () Delete
Name: ARLINE, AGATHA
Address: 820 CONGAREE ST.
City-St-Zip: JACKSONVILLE, FL 32277

Title: D () Delete
Name: JULES, PAULA
Address: 5424 CARDER ST.
City-St-Zip: JACKSONVILLE, FL 32205

Title: D () Delete
Name: THERLONGE, CLAUDETTE
Address: 1483 SUMMIT OAKS DR. EAST
City-St-Zip: JACKSONVILLE, FL 32221

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 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 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: MIGUEL SIMEON

PRES

09/02/2005

Electronic Signature of Signing Officer or Director

Date