

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002900

FILED  
Jun 24, 2008  
Secretary of State

**Entity Name:** THE GOOD SHEPARD OF NORTH EAST FLORIDA INCORPORATED

**Current Principal Place of Business:**

1033 NE KIMBERLY ROAD  
LAKE CITY, FL 32055

**New Principal Place of Business:**

**Current Mailing Address:**

1033 NE KIMBERLY ROAD  
LAKE CITY, FL 32055

**New Mailing Address:**

**FEI Number:** 20-8496628      **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:**

**Name and Address of New Registered Agent:**

MOREHEAD, DEBORAH  
766 SW ENGLISH STREET  
LAKE CITY, FL 32055 US

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: P ( ) Delete  
Name: MOREHEAD, DEBORAH  
Address: 766 SW ENGLISH STREET  
City-St-Zip: LAKE CITY, FL 32025

Title: V ( ) Delete  
Name: ANDERSON, CLYDE  
Address: 451 NW MADISON STREET APT 104  
City-St-Zip: LAKE CITY, FL 32055

Title: T ( ) Delete  
Name: DOUGLAS, CLYDE REV.  
Address: 183 NW RAILROAD STREET  
City-St-Zip: LAKE CITY, FL 32055

Title: S ( ) Delete  
Name: TROUPE, FLORIDA  
Address: 410 NW WILSON STREET  
City-St-Zip: LAKE CITY, FL 32055

Title: D ( ) Delete  
Name: JOHNSON, BLONDELL  
Address: 1033 NE KIMBERLY ROAD  
City-St-Zip: LAKE CITY, FL 32055

**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:

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: BLONDELL JOHNSON

DIRE

06/24/2008

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

\_\_\_\_\_  
Date