

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000775

FILED
Apr 28, 2009
Secretary of State

Entity Name: GOOD SHEPHERD COMMUNITY OUTREACH, INC.

Current Principal Place of Business:

5428 SE RAILWAY AVE
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

5428 SE RAILWAY AVE
STUART, FL 34997

New Mailing Address:

FEI Number: 90-0343956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PENTECOSTAL CHURCH OF GOD IN CHRIST OF U.S
5428 SE RAILWAY AVE
STUART, FL 34997 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: P () Delete
Name: JOHNSON, MOSES SR
Address: 4918 SE PALMETTO RD
City-St-Zip: STUART, FL 34997

Title: VD () Delete
Name: CUEVAS, PETER
Address: 5491 SE 50TH DR
City-St-Zip: STUART, FL 34997

Title: T () Delete
Name: JOHNSON, CORALETHA
Address: 5786 SE INEZ AVE
City-St-Zip: STUART, FL 34997

Title: S () Delete
Name: JOHNSON, JANNETT
Address: 4918 SE PALMETTO ROAD
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: JOHNSON, GEORGE G JR
Address: 5706 SE INEZ AVE
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: BRIARD, WALTER E
Address: 4870 SE MANATEE COVE RD
City-St-Zip: STUART, FL 34997

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: MOSES JOHNSON

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date