FLORIDA

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

APPROVED AND FILED

9:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N08659** (7)

1. Corporate Name

GOOD SHEPHERD CHURCH OF GOD, INC.

Principal Place of Business

% GLADYS M. BEAIRD
2810 FRANKFORD AVENUE
PANAMA CITY FL 32405

Mailing Address

% GLADYS M BEAIRD
2810 FRANKFORD AVENUE
PANAMA CITY FL 32405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/11/1985

3a. Date of Last Report: 07/14/1994

4. FEI Number: 51-0196255 - Applied For / Not Applicable

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite Apt # etc — 22 / Suite Apt # etc — 27

City & State — 23 / City & State — 28

Zip — 24 / County — 25 / Zip — 29 / County — 30

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required

8. This corporation has activity or income for which a tax is due under Chapter 607, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BEAIRD, GLADYS
1502 EAST TENTH CT.
LYNN HAVEN FL 32444

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: GLADYS BEAIRD - Pastor-Chairperson — Gladys Beaird — MAY 1,1995

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BEAIRD, GLADYS
STREET ADDRESS	1502 E 10TH COURT
CITY ST ZIP	LYNN HAVEN FL
TITLE	D
NAME	KATHRYN MULHOLLAND
STREET ADDRESS	2524 Island View Dr.
CITY ST ZIP	Panama City, Fl 32405
TITLE	D
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	D
NAME	LAMBERT, ELOUISE
STREET ADDRESS	2142 W. 29TH STREET
CITY ST ZIP	PANAMA CITY FL
TITLE	D
NAME	ARRINGTON, PENELOPE
STREET ADDRESS	605 TENNESSEE AVE.
CITY ST ZIP	LYNN HAVEN FL
TITLE	D
NAME	BEAIRD, LARRY
STREET ADDRESS	1455 BETTY LANE
CITY ST ZIP	PANAMA CITY FL

13. ADDITIONAL OFFICERS AND DIRECTORS

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gladys Beaird - Gladys Beaird Pastor Chairperson — May 1,1995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0020697