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Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08659 (7)

1. Corporation Name

GOOD SHEPHERD CHURCH OF GOD, INC.

Principal Place of Business

Mailing Address

% GLADYS M. BEAIRD
2810 FRANKFORD AVENUE
PANAMA CITY FL 32405% GLADYS M. BEAIRD
2810 FRANKFORD AVENUE
PANAMA CITY FL 32405-28323. Date Incorporated or Qualified
04/11/19853a. Date of Last Report
05/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

4. FEI Number

51-0196255

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BEAIRD, GLADYS
STREET ADDRESS 1502 E 10TH COURT
CITY-ST-ZIP LYNN HAVEN FL1.1 TITLE D
1.2 NAME Roy Peterson
1.3 STREET ADDRESS 1513 Alaska Circle
1.4 CITY-ST-ZIP Lynn Haven, FLTITLE D
NAME MULHOLLAND, KATHRYN
STREET ADDRESS 2524 ISLAND VIEW DR
CITY-ST-ZIP PANAMA CITY FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D
NAME LAMBERT, ELOUISE
STREET ADDRESS 2142 W. 29TH STREET
CITY-ST-ZIP PANAMA CITY FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D
NAME ARRINGTON, PENELOPE
STREET ADDRESS 605 TENNESSEE AVE.
CITY-ST-ZIP LYNN HAVEN FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D
NAME BEAIRD, LARRY
STREET ADDRESS 1455 BETTY LANE
CITY-ST-ZIP PANAMA CITY FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gladys M. Beaird March 3, 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0009613

CR2E037 (9/96)