

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90010 015 ****61.25

DOCUMENT # N08659

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2810 Frankford Avenue

Suite, Apt. #, etc.

City & State

Panama City, Florida 32405

City & State

Zip
 32401

Country
 Bay

Zip

Country

4. FEI Number

51-0196255

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

Gladys M. Beaird

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution.

☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE D
 NAME BEAIRD, GLADYS
 STREET ADDRESS 1502 E 10TH COURT
 CITY-ST-ZIP LYNN HAVEN FL ☐ Delete

TITLE D
 NAME MULHOLLAND, KATHRYN
 STREET ADDRESS 2524 ISLAND VIEW DR
 CITY-ST-ZIP PANAMA CITY FL ☐ Delete

TITLE D
 NAME LAMBERT, ELOUISE
 STREET ADDRESS 2142 W. 29TH STREET
 CITY-ST-ZIP PANAMA CITY FL ☐ Delete

TITLE D
 NAME ROY, YOLANDA
 STREET ADDRESS 1419 CHESTNUT AVE
 CITY-ST-ZIP PANAMA CITY FL 32401 ☐ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PASTOR
 NAME GLADYS BEAIRD
 STREET ADDRESS 1502 EAST 10TH COURT
 CITY-ST-ZIP LYNN HAVEN, FL 32444 ☐ Change ☐ Addition

TITLE *ell*
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE *Eloise Lambert*
 NAME
 STREET ADDRESS 1423 Chestnut Ave
 CITY-ST-ZIP Panama City, FL 32401 ☐ Change ☐ Addition

TITLE *Yolanda Roy*
 NAME
 STREET ADDRESS 1419 CHESTNUT AVE
 CITY-ST-ZIP P. CITY FL 32401 ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gladys M. Beaird*

August 13, 01 -850-265,2287

CR2E037 (5/01)