

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90043 011 \*\*\*\*61.25

**DOCUMENT # N08659**

1. Entity Name

**GOOD SHEPHERD CHURCH OF GOD, INC.**

Principal Place of Business

Mailing Address

**2810 FRANKFORD AVENUE  
 PANAMA CITY FL 32405**

**2810 FRANKFORD AVENUE  
 PANAMA CITY FL 32405**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

**FL**

Zip

**32405**

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

7. Name and Address of New Registered Agent

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

**GLADYS ,BEAIRD  
 1502 EAST TENTH COURT  
 LYNN HAVEN, FL 32444**

**GLADYS BEAIRD**

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 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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
 NAME **BEAIRD, GLADYS**  
 STREET ADDRESS **1502 E 10TH COURT**  
 CITY-ST-ZIP **LYNN HAVEN FL 32444**

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

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

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

TITLE **D** ☐ Delete  
 NAME **LAMBERT, ELOUISE**  
 STREET ADDRESS **1423 CHESTNUT AVENUE**  
 CITY-ST-ZIP **PANAMA CITY FL 32401**

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

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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 BEAIRD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 4-8-02 850-265-2287**

Date Daytime Phone #

CR2E037 (9/01)