

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000001695

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** GOOD SHEPHERD MINISTRY OF HILLIARD INC

**Current Principal Place of Business:**

3971 KOLARS FERRY ROAD  
SUITE C  
HILLIARD, FL 320466636 US

**New Principal Place of Business:**

**Current Mailing Address:**

3971 KOLARS FERRY ROAD  
SUITE C  
HILLIARD, FL 320466636 US

**New Mailing Address:**

**FEI Number:** 27-5172998

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LANGFORD, REV CINDY H  
3971 KOLARS FERRY ROAD  
SUITE A  
HILLIARD, FL 320466636 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: DPT  
Name: LANGFORD, REV CINDY H  
Address: 3971 KOLARS FERRY ROAD STE A  
City-St-Zip: HILLIARD, FL 320466636 US

Title: DVP  
Name: ALFORD, CHRISTOPHER C  
Address: 3971 KOLARS FERRY ROAD STE A  
City-St-Zip: HILLIARD, FL 320466636 US

Title: DS  
Name: BLAIR, THOMAS A  
Address: 642766 US HWY 1 NORTH  
City-St-Zip: CALLAHAN, FL 320116498 US

I hereby 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 all other like empowered.

SIGNATURE: REV CINDY HODGE LANGFORD

DPT

04/30/2012

Electronic Signature of Signing Officer or Director

Date