

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41414

FILED
Feb 04, 2009
Secretary of State

Entity Name: GOOD SHEPHERD CHRISTIAN DAY CARE AND ACADEMY, INC.

Current Principal Place of Business:

1656 WEST EDGEWOOD AVENUE
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

PO BOX 66027
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 59-3042173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNG, EVANGELINE
1763 W. 11TH STREET
JACKSONVILLE, FL 32209 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: P () Delete
Name: YOUNG, EVANGELINE
Address: 1763 W. 11TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: S () Delete
Name: MCLEOD, CAMMIE
Address: 11368 SECRETARIAT LANE W.
City-St-Zip: JACKSONVILLE, FL 32218

Title: T () Delete
Name: NELSON, R A
Address: 646 CHERRY BARK DR N
City-St-Zip: JACKSONVILLE, FL 32218

Title: T () Delete
Name: MAY, MAJOR
Address: 6547 KINLOCKE DR W
City-St-Zip: JACKSONVILLE, FL 32219

Title: T () Delete
Name: KINSEY, CARMELYN D
Address: 12754 MUIRFIELD BLVD. N.
City-St-Zip: JACKSONVILLE, FL 32225

Title: T () Delete
Name: BROWN, SABRINA
Address: 10863 WAHINE DR S
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CAMMIE MCLEOD

S

02/04/2009

Electronic Signature of Signing Officer or Director

Date