2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2012
Secretary of State

DOCUMENT# N41414

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 (X)**

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

Title: S
Name: HOLIDAY, THERESA
Address: P. O. BOX 12444
City-St-Zip: JACKSONVILLE, FL 32209

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

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

Title: T
Name: OWENS, MATTIE
Address: 5730 COPPER HILL LANE E.
City-St-Zip: JACKSONVILLE, FL 32218

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: CARMELYN D. KINSEY T 04/11/2012

Electronic Signature of Signing Officer or Director — Date