

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90035 045 ****61.25

DOCUMENT # N96000001246

1. Corporation Name

GOOD SHEPHERD OUTREACH MINISTRIES, INC.

Principal Place of Business

7527 ORIOLE STREET
JACKSONVILLE FL 32208

Mailing Address

POST OFFICE BOX 2277
JACKSONVILLE FL 32203



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/04/1996

4. FEI Number

59-3365089

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SMITH, CHARLOTTE
7527 ORIOLE STREET
JACKSONVILLE FL 32208

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD and OVERSEER ☐ DELETE
NAME SMITH, CHARLOTTE
STREET ADDRESS 7527 ORIOLE STREET
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE SD ☐ DELETE
NAME DRAIN, BETTY
STREET ADDRESS 5023 LOCKSLEY AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE TD ☒ DELETE
NAME MCINTOSH, CARLOTTA T
STREET ADDRESS 7051 ALAN AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE VP ☐ DELETE
NAME SMITH, LONNIE L
STREET ADDRESS 1251 BEACON PT DR #102
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE TA LISA WILLIAMS ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS 4225 DEVORE PLACE
3.4 CITY-ST-ZIP JAX FL 32210

4.1 TITLE SA SONYA COBB ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS 5565 CONNIE JEAN RD. APT # 53
4.4 CITY-ST-ZIP JAX FL 32222

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 its receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charlotte Smith 2-9-99 904.355-1401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)