


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90106 029 ****61.25

DOCUMENT # N96000001246	
1. Entity Name GOOD SHEPHERD OUTREACH MINISTRIES, INC.	

Principal Place of Business 3190 W EDGEWOOD AVE JACKSONVILLE FL 32209	Mailing Address PO BOX 2277 JACKSONVILLE FL 32203
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business 653 Monument Rd # 204	3. Mailing Address PO Box 2277
Suite, Apt. #, etc. # 204	Suite, Apt. #, etc.
City & State JACKSONVILLE, FL	City & State JACKSONVILLE FL
Zip 32225	Zip 32203
Country US	Country US

4. FEI Number 59-3365089	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SMITH, CHARLOTTE 3190 W EDGEWOOD AVE APT #9 JACKSONVILLE FL 32209	7. Name and Address of New Registered Agent Name CHARLOTTE Smith Street Address (Box Number is not Acceptable) 653 Monument Rd # 204 City JACKSONVILLE FL Zip Code 32225
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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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE CHARLOTTE Smith	DATE 3-15-05

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, CHARLOTTE 7527 ORIOLE STREET JACKSONVILLE FL 32208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, CHARLOTTE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 653 Monument Rd # 204 JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DRAIN, BETTY 5023 LOCKSLEY AVENUE JACKSONVILLE FL 32208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Thompson, Mildred <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3190 Edgewood Ave W # 32 JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, LISA <input checked="" type="checkbox"/> Delete 4225 DEVORE PLACE JACKSONVILLE FL 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Smith, BRANDON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 653 Monument Rd # 204 JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEPPERS, CLARA <input checked="" type="checkbox"/> Delete 8151 ALDERMAN RD APT # 1202 JACKSONVILLE FL 32211	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D peppers, CLARA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8151 ALDERMAN RD APT # 1202 JACKSONVILLE FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBB, SONYA <input checked="" type="checkbox"/> Delete 5565 CONNIE JEAN ROAD, APT. 53 JACKSONVILLE FL 32222	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE 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: Charlotte Smith	DATE: MARCH 15, 2005