

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002612

FILED  
Apr 21, 2007  
Secretary of State

**Entity Name:** GOOD SHEPHERD MINISTRIES OF ST. AUGUSTINE, INC.

**Current Principal Place of Business:**

4430 US 1 SOUTH  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

4430 US 1 SOUTH  
ST. AUGUSTINE, FL 32086

**New Mailing Address:**

PO BOX 861115  
ST. AUGUSTINE, FL 32086

**FEI Number:** 59-3279636

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIMER, DONALD  
3521 BEGONIA ST  
SAINT AUGUSTINE, FL 32084 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: PD ( ) Delete  
Name: RIMER, DONALD J  
Address: 3521 BEGONIA ST  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: DST ( ) Delete  
Name: JACKSON, JOHN A  
Address: 2394 S R 207  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: DS ( ) Delete  
Name: RIMER, CARLA  
Address: 3521 BEGONIA ST  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D ( ) Delete  
Name: RIMER, JOHN D  
Address: 2702 COUNTRY DR  
City-St-Zip: HILLIARD, FL 32046

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: RIMER, DONALD J PASTOR  
Address: 3521 BEGONIA ST  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DT (X) Change ( ) Addition  
Name: JACKSON, JOHN A  
Address: 2394 S R 207  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VP (X) Change ( ) Addition  
Name: CUBBEDGE, DAVID  
Address: 27029 COUNTRY DR  
City-St-Zip: HILLIARD, FL 32046

Title: D (X) Change ( ) Addition  
Name: RIMER, JOHN D  
Address: 357 ORCHIS RD  
City-St-Zip: ST AUGUSTINE, FL 32086

I hereby certify that the information supplied with this filing does not qualify for the 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: DONAL J RIMER

P

04/21/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date