

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002612

FILED
Feb 17, 2009
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 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 861115
ST. AUGUSTINE, FL 32086

New Mailing Address:

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 J PASTOR
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 PASTOR
Address: 3521 BEGONIA ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

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

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

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

Title: D () Delete
Name: IGLESIASCRUZ, GREG
Address: 6880 CYPRESS POINT DRIVE
City-St-Zip: ST AUGUSTINE, FL 32086

Title: DS () Delete
Name: TUCKER, JANE
Address: 166 TOLEDO STREET
City-St-Zip: ST AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: OVERFELT, GEORGE
Address: 6916 CYPRESS SPRING CT
City-St-Zip: SAINT AUGUSTINE, FL 32086

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

Title: D (X) Change () Addition
Name: TELLES, GREY
Address: 1425 BRUCE DR
City-St-Zip: ST AUGUSTINE, FL 32084

Title: DS (X) Change () Addition
Name: TUCKER, JANE
Address: 523 TURNBERRY LN
City-St-Zip: ST AUGUSTINE, FL 32080

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: DONALD J RIMER

PD

02/17/2009

Electronic Signature of Signing Officer or Director

Date