

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/2

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90133 042 \*\*\*\*61.25

**DOCUMENT # N97000001068**

1. Entity Name

**GENTLE SHEPHERD METROPOLITAN COMMUNITY CHURCH OF**

Principal Place of Business

Mailing Address

POST OFFICE BOX 6137  
 TALLAHASSEE FL 32314

POST OFFICE BOX 6137  
 TALLAHASSEE FL 32314-6137



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3431642**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HICKS, THOMAS L MD**  
**2302 ELLICOTT DR**  
**TALLAHASSEE FL 32312**

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

*Thomas L Hicks*

**4/12/2000**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>TESSMER, CONNIE</b> <b>101 CREST ST</b> <b>TALLAHASSEE FL 32301</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>MTRD</del> <b>HICKS, THOMAS L MD - D</b> <b>2302 ELLICOTT DR</b> <b>TALLAHASSEE FL 32312</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VM</b> <b>MCKINLEY, JON-MARK</b> <b>104 E WASHINGTON ST, APT 2-B</b> <b>QUINCY FL 32351</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>CAGLE, JEFFREY W - D</b> <b>501 BLARSTONE RD #402</b> <b>TALLAHASSEE FL 32301</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MODERATOR / PASTOR</b> <b>Paul Anway - D</b> <b>1800 Miccobukee Cmn. Dr. APT 721</b> <b>Tallahassee, FL 32308</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CLERK</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE MODERATOR</b> <b>BAKER JOE - D</b> <b>8370 GLENDALE RD.</b> <b>TALLAHASSEE, FL 32311</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>MEMBER</del> <b>MEMBER AT LARGE</b> <b>Deborah J. Wilson - D</b> <b>P.O. Box 20707</b> <b>Tallahassee, FL 32316-0707</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/99)

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:

*Thomas L Hicks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/12/2000**

DATE

**552-1808**

Daytime Phone #