
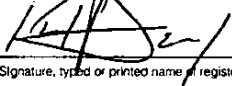
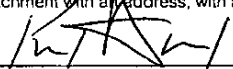


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90132 015 ****61.25

DOCUMENT # N97000001068					
1. Entity Name GENTLE SHEPHERD METROPOLITAN COMMUNITY CHURCH OF TALLAHASSEE, INC.					
Principal Place of Business 2810 NORTH MERIDIAN ROAD TALLAHASSEE, FL 32312			Mailing Address 310 BLOUNT STREET STE 205 TALLAHASSEE, FL 32301		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03072006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-3431642	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ANWAY, PAUL N 1501 GRAPE STREET, APT. B TALLAHASSEE, FL 32303			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		Paul Anway		3/14/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACDONNELL, MS. MARCY		NAME	Travis Cone	
STREET ADDRESS	1007 CAP TRAM RD.		STREET ADDRESS	914 Raa Ave	
CITY-ST-ZIP	TALLAHASSEE, FL 32311		CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARMEN, MS. KIM		NAME	Jenni Jenkins	
STREET ADDRESS	404 MIDFLOW ST		STREET ADDRESS	3604 Martinwood Ct.	
CITY-ST-ZIP	TALLAHASSEE, FL 32304		CITY-ST-ZIP	Tallahassee, FL 32309	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, DR. RICHARD		NAME		
STREET ADDRESS	1292 FERN HILL COURT		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP		
TITLE	MD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANWAY, REV. PAUL		NAME		
STREET ADDRESS	1501 GRAPE STREET, APT. B		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, MS. TONI		NAME		
STREET ADDRESS	48 LOG CABIN RD.		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDFILLE, FL 32327		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Paul Anway		3/14/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone # 850-443-9034	