

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006618

FILED  
Jan 05, 2008  
Secretary of State

**Entity Name:** JUDGE BEN GORDON, JR. FAMILY VISITATION CENTER, INC.

**Current Principal Place of Business:**

SHALIMAR UNITED METHODIST CHURCH  
1 OLD FERRY ROAD  
SHALIMAR, FL 32579

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 436  
SHALIMAR, FL 32579

**New Mailing Address:**

**FEI Number:** 59-3483816

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROGERS, SHARON  
SHALIMAR UNITED METHODIST CHURCH  
1 OLD FERRY ROAD  
SHALIMAR, FL 32579 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: T ( ) Delete  
Name: PETERSON, MARY JEAN  
Address: P O BOX 436  
City-St-Zip: SHALIMAR, FL 32579

Title: D ( ) Delete  
Name: ROGERS, SHARON  
Address: P O BOX 436  
City-St-Zip: SHALIMAR, FL 32579

Title: P ( ) Delete  
Name: PATTISON, DON  
Address: P O BOX 436  
City-St-Zip: SHALIMAR, FL 32579

Title: SV ( ) Delete  
Name: RAYBURN, DONNA  
Address: P O BOX 436  
City-St-Zip: SHALIMAR, FL 32579

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

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

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

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

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

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: SHARON ROGERS

D

01/05/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date