

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90366 018 ****61.25

DOCUMENT # N97000007140

1. Entity Name

GOOD SHEPHERD UNITED METHODIST CHURCH OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

**5417 LENOX AVENUE
 JACKSONVILLE FL 32210**

**5417 LENOX AVENUE
 JACKSONVILLE FL 32210**

2. Principal Place of Business

3. Mailing Address

12046 Normandy Blvd.

12046 Normandy Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32221

Country

US

Zip

32221

Country

US

4. FEI Number

59-3507429

Applied For

Not Applicable

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

**COHEN, LANCE PAUL
 SUITE 102
 1723 BLANDING BOULEVARD
 JACKSONVILLE FL 32210**

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

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 **PD** ☐ Delete
 NAME **GORDON, MARGARET M**
 STREET ADDRESS **8427 PERRYMAN LANE N**
 CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE **SD** ☐ Change ☒ Addition
 NAME **JERRY STRINGFELLOW**
 STREET ADDRESS **2227 SMALLMAN TRAIL S.**
 CITY-ST-ZIP **JACKSONVILLE, FL 32217**

TITLE **T** ☐ Delete
 NAME **PIERCE, JOAN**
 STREET ADDRESS **8931 ROSE HILL DRIVE N**
 CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE **D** ☐ Change ☒ Addition
 NAME **SHERRI FUSSELL**
 STREET ADDRESS **2801 PARRISH CEMETARY ROAD**
 CITY-ST-ZIP **JACKSONVILLE, FL 32221**

TITLE **VPD** ☐ Delete
 NAME **ROSBOTTOM, JOHN**
 STREET ADDRESS **835 JONATHAN ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32234**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☒ Delete
 NAME **PAPE, JULIE**
 STREET ADDRESS **15139 NORMANDY BLVD.**
 CITY-ST-ZIP **JACKSONVILLE FL 32234**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **BARKER, DONNA**
 STREET ADDRESS **8954 CASTLE ROCK DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

4/25/02

CR2E037 (9/01)