

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91037 044 ****61.25

DOCUMENT # N97000007140

1. Entity Name

GOOD SHEPHERD UNITED METHODIST CHURCH OF
JACKSONVILLE, INC.



Principal Place of Business

12046 NORMANDY BLVD.
JACKSONVILLE FL 32221

Mailing Address

12046 NORMANDY BLVD.
JACKSONVILLE FL 32221

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 PD
NAME ROSBOTTOM, JOHN ☒ Delete
STREET ADDRESS 835 JONATHAN ROAD
CITY-ST-ZIP JACKSONVILLE FL 32234

TITLE Tedd Moore house ☐ Change ☒ Addition
NAME 4731 Blackburn St.
STREET ADDRESS Jax Fl. 32210
CITY-ST-ZIP

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

TITLE Michael Goldsberry ☐ Change ☒ Addition
NAME 10555 Fox Squirrel Lane
STREET ADDRESS Jax Fla. 32257
CITY-ST-ZIP

TITLE VPD
NAME SHERI, FUSSELL ☒ Delete
STREET ADDRESS 2801 PARRISH CEMETARY ROAD
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE Alan Liphart ☐ Change ☒ Addition
NAME 4136 Prima Vista Cir. S.
STREET ADDRESS Jax. Fl. 32217
CITY-ST-ZIP

TITLE SD
NAME STRINGFELLOW, JERRY ☒ Delete
STREET ADDRESS 2227 SMULLIAN TRAIL S.
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE Margaret Gordon ☐ Change ☒ Addition
NAME P.O. Box 1833
STREET ADDRESS Glenn St Mary, Fl. 32040
CITY-ST-ZIP

TITLE D
NAME FUSSEU, SHERRI ☒ Delete
STREET ADDRESS 2801 FARRISH CEMETARY ROAD
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE Barbara Loran ☐ Change ☒ Addition
NAME 1014 Chandler Oaks Dr.
STREET ADDRESS Jax. Fl. 32221
CITY-ST-ZIP

TITLE VPD
NAME SOLOMONS, JOE ☒ Delete
STREET ADDRESS 2954 OAK CREEK RD
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE Jeff Joas ☐ Change ☒ Addition
NAME 7024 Argues Rd
STREET ADDRESS Jax. Fl. 32205
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04

Date

Daytime Phone #