

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 29, 2005 8:00 am**  
**Secretary of State**

07-29-2005 90016 012 \*\*\*\*61.25

<b>DOCUMENT # N97000007140</b>					
<b>1. Entity Name</b> GOOD SHEPHERD UNITED METHODIST CHURCH OF JACKSONVILLE, INC.					
<b>Principal Place of Business</b> 12046 NORMANDY BLVD. JACKSONVILLE, FL 32221			<b>Mailing Address</b> 12046 NORMANDY BLVD. JACKSONVILLE, FL 32221		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3507429	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  COHEN, LANCE PAUL SUITE 102 1723 BLANDING BOULEVARD JACKSONVILLE, FL 32210			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> PD	<b>NAME</b> MOOREHOUSE, TEDD		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 4731 BLACKBURN ST.	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32210					
<b>TITLE</b> T	<b>NAME</b> GOLDSBERRY, MICHAEL		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 10555 FOX SQUIRREL LANE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32257					
<b>TITLE</b> VPD	<b>NAME</b> LIPHART, ALAN		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 4136 PRIMA VISTA CIR S	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32217					
<b>TITLE</b> SD	<b>NAME</b> GORDON, MARGARET		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> P.O. BOX 1833	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>CITY-ST-ZIP</b> GLEN SAINT MARY, FL 32040					
<b>TITLE</b> D	<b>NAME</b> LORAH, BARBARA		<input checked="" type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 1014 CHANDLER OAKS DR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32221					
<b>TITLE</b> VPD	<b>NAME</b> JOOS, JEFF		<input checked="" type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 7024 ARGUES RD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32205					
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.</b>					
<b>SIGNATURE:</b> <i>Margaret M. Gordon</i> <i>7/26/05</i> <i>904-786-0757</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					