
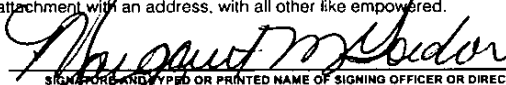


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90054 026 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3507429	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COHEN, LANCE PAUL SUITE 102 1723 BLANDING BOULEVARD JACKSONVILLE, FL 32210				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	PD MOOREHOUSE, TEDD 1129 CROWN DR. JACKSONVILLE, FL 32221	<input checked="" type="checkbox"/> Delete	TITLE PD NAME Huskey, Sonine STREET ADDRESS 2696 Cold Creek Blvd. CITY-ST-ZIP JAX. FL. 32221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOLDSBERRY, MICHAEL 10555 FOX SQUIRREL LANE JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete	TITLE T NAME Steele, Julie STREET ADDRESS 2604 Creek Ridge Dr. CITY-ST-ZIP Green Cove Springs, FL. 32043	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LIPHART, ALAN 4083 SUNBEAM RD. APT. #712 JACKSONVILLE, FL 32254	<input checked="" type="checkbox"/> Delete	TITLE VPD NAME Phillips, Susan STREET ADDRESS 5730 Guana Park Ct. CITY-ST-ZIP JAX. FL. 32244	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GORDON, MARGARET P.O. BOX 1833 GLEN SAINT MARY, FL 32040	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROUND, KEVIN 10744 GRAYSON ST. JACKSONVILLE, FL 32220	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HANSEN, MARY 835 WHISPER COVE TRAIL JACKSONVILLE, FL 32221	<input checked="" type="checkbox"/> Delete	TITLE VPD NAME Nolan, Melinda STREET ADDRESS 1811 Fouraker Rd. CITY-ST-ZIP JAX. FL. 32221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date 5/1/07 Daytime Phone # 904-786-0757		