2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2008
Secretary of State

DOCUMENT# N97000007140

Entity Name: GOOD SHEPHERD UNITED METHODIST CHURCH OF JACKSONVILLE, INC.

Current Principal Place of Business:

12046 NORMANDY BLVD.
JACKSONVILLE, FL 32221

New Principal Place of Business:

Current Mailing Address:

12046 NORMANDY BLVD.
JACKSONVILLE, FL 32221

New Mailing Address:

FEI Number: 59-3507429 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COHEN, LANCE PAUL
SUITE 102
1723 BLANDING BOULEVARD
JACKSONVILLE, FL 32210 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:	PD	( ) Delete
Name:	HUSKEY, JANINE	
Address:	2696 COLD CRDDK BLVD.	
City-St-Zip:	JACKSONVILLE, FL 32221	
Title:	T	( ) Delete
Name:	STEELE, JULIE	
Address:	2604 CREED RIDGE DR.	
City-St-Zip:	GREEN COVE SPRINGS, FL 32043	
Title:	VPD	( ) Delete
Name:	PHILLIPS, SUSAN	
Address:	573 GUANA PARK CT.	
City-St-Zip:	JACKSONVILLE, FL 32244	
Title:	SD	( ) Delete
Name:	GORDON, MARGARET	
Address:	P.O. BOX 1833	
City-St-Zip:	GLEN SAINT MARY, FL 32040	
Title:	D	( ) Delete
Name:	ROUND, KEVIN	
Address:	10744 GRAYSON ST.	
City-St-Zip:	JACKSONVILLE, FL 32220	
Title:	VPD	( ) Delete
Name:	NOLAN, MELINDA	
Address:	1811 FOURAKERE RD.	
City-St-Zip:	JACKSONVILLE, FL 32221	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	SPRINGER, JOE	
Address:	1551 POINTER DR	
City-St-Zip:	JACKSONVILLE, FL 32221	
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: MARGARET M. GORDON SD 07/08/2008
Electronic Signature of Signing Officer or Director — Date