

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007140

FILED  
Apr 15, 2009  
Secretary of State

**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 ( )**

**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: SPRINGER, JOE  
Address: 1551 POINTER DR  
City-St-Zip: JACKSONVILLE, FL 32221

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: PD (X) Change ( ) Addition  
Name: WHITAKER, BILL  
Address: 1140 CRYSTAL CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32221

Title: T (X) Change ( ) Addition  
Name: FRAME, DAVID  
Address: 10769 LAWSONIA LINKS DR.  
City-St-Zip: JACKSONVILLE, FL 32222

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 GORDON

SD

04/15/2009

Electronic Signature of Signing Officer or Director

Date