

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90159 025 *****70.00

0065574

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

4. FEI Number **59-3507429**

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



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

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

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GORDON, MARGARET M	
STREET ADDRESS	8427 PERRYMAN LANE N	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	T	<input type="checkbox"/> Delete
NAME	PIERCE, JOAN	
STREET ADDRESS	8931 ROSE HILL DRIVE N	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROSBOTTOM, JOHN	
STREET ADDRESS	835 JONATHAN ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32234	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STRINGFELLOW, JERRY	
STREET ADDRESS	2227 SMULLIAN TRAIL S.	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	D	<input type="checkbox"/> Delete
NAME	FUSSEU, SHERRI	
STREET ADDRESS	2801 FARRISH CEMETARY ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rosbottom, John	
STREET ADDRESS	835 Jonathan Road	
CITY-ST-ZIP	Jacksonville FL 32234	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Solomons, Joe	
STREET ADDRESS	2954 Oak Creek Rd.	
CITY-ST-ZIP	Jacksonville FL 32221	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fussell, Sheri	
STREET ADDRESS	2801 Parrish Cemetery Road	
CITY-ST-ZIP	Jacksonville, FL 32221	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mays, Denise	
STREET ADDRESS	7620 Baymeadows Circle W., #2245	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 REQUIRED

4/23/03

904-786-0757

CR2E037 (10/02)