

DOCUMENT # N98000005046

1. Entity Name  
**THE GOOD SHEPHERD TABERNACLES INC. INTERNATIONAL**

Principal Place of Business Mailing Address  
RT 3 BOX 135 ENGLISH RD RT 3 BOX 135 ENGLISH RD  
LAKE CITY FL 32025 LAKE CITY FL 32025

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Zip Country Zip Country

**FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**  
01-12-2001 90042 045 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3525720** ☒ Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**COPELAND, WILLIE**  
**RT 3 BOX 135 ENGLISH RD**  
**LAKE CITY FL 32025**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW:**  
**FEE IS \$61.25**  
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**  
**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPELAND, WILLIE L		NAME		
STREET ADDRESS	822 DIXIE ST		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL 32055		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COPELAND, MARY ANN		NAME	Jenkins, Gwendolyn	
STREET ADDRESS	822 DIXIE ST		STREET ADDRESS	822 DIXIE ST	
CITY-ST-ZIP	LAKE CITY FL 32055		CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENKINS, GWENDOLYN		NAME	Patricia Williams	
STREET ADDRESS	822 DIXIE ST		STREET ADDRESS	822 DIXIE ST	
CITY-ST-ZIP	LAKE CITY FL 32055		CITY-ST-ZIP	LAKE CITY, FLA 32055	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORGAN, KENNETH		NAME	Ricky Stewart	
STREET ADDRESS	822 DIXIE ST		STREET ADDRESS	822 DIXIE ST	
CITY-ST-ZIP	LAKE CITY FL 32055		CITY-ST-ZIP	LAKE CITY, FLA 32055	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:** Willie Copeland **REQUIRED** 1-9-01 904-755-2064  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)