

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2004 8:00 am**  
**Secretary of State**

01-14-2004 90006 023 \*\*\*\*61.25

**44001628**



01082004 Chg-NP CR2E037 (10/03)

<b>DOCUMENT #N98000005046</b> 1. Entity Name <b>THE GOOD SHEPHERD TABERNACLES INC. INTERNATIONAL</b>			
Principal Place of Business <b>504 NW DIXIE STREET LAKE CITY, FL 32055</b>		Mailing Address <b>504 NW DIXIE STREET LAKE CITY, FL 32055</b>	
2. Principal Place of Business <b>504 NW Dixie Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>Rt 9 Box 2180-3</b> Suite, Apt. #, etc.	
City & State <b>LAKE City FLA</b>		City & State <b>LAKE City, Florida</b>	
Zip <b>32055</b>		Zip <b>32024</b>	
Country <b>Columbia</b>		Country <b>Columbia</b>	
4. FEI Number <b>59-3525720</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>COPELAND, WILLIE 500 N.E FRONIE STREET LAKE CITY, FL 32055</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <b>PD Willie Copeland</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>1-12-04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COPELAND, WILLIE L 500 N.E FRONIE ST LAKE CITY, FL 32055 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RICHARDSON, FRANCES 129 N.W LANE ST LAKE CITY, FL 32055 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD JACKSON, DEESHA 500 N.E FRONIE ST LAKE CITY, FL 32055 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD COPELAND, EDITH 500 N.E FRONIE ST. LAKE CITY, FL 32055 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Copeland Willie L Rt 9 Box 2180-3 Lake City, FL 32024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Jackson, Deesha Rt 9 Box 2180-3 Lake City, FL 32024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Copeland Edith Rt 9 Box 2180-3 Lake City, FL 32024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <b>PD Willie L Copeland</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>1-12-04</b> Daytime Phone # <b>(386) 752-9689</b>	