


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

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90042 041 ****61.25

DOCUMENT # N98000005046	
1. Entity Name The Good Shepherd Tabernacles Inc.	

DO NOT WRITE IN THIS SPACE

50004310

2. Principal Place of Business 504 Dixie St	3. Mailing Address 436 S.W. Donovan Glen
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Lake City, FL	City & State Lake City, FL	4. FEI Number 59-3525720	Applied For Not Applicable
Zip 32055	Country Columbia	Zip 32024	Country Columbia
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY - ST - ZIP President Willie Copeland 436 S.W. Donovan Glen Lake City, FL 32024	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP Vice-President Edith Copeland 436 S.W. Donovan Glen Lake City, FL 32024	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP Treasurer Frances Richardson 129 N. Lee Lane Lake City, FL 32055	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP Secretary Peersha Jackson 436 S.W. Donovan Glen Lake City, FL 32024	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Willie Lee Copeland**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 18, 2005 (386) 752-9689
Date Daytime Phone #

CR2E037B (12/02)