2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005046

FILED Mar 03, 2006 Secretary of State

Entity Name: THE GOOD SHEPHERD TABERNACLES INC. INTERNATIONAL

Current Principal Place of Business: New Principal Place of Business: 504 NW DIXIE STREET LAKE CITY, FL 32055 **Current Mailing Address: New Mailing Address:** 436 SW DONOVAN GLEN LAKE CITY, FL 32024 FEI Number: 59-3525720 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COPELAND, WILLIE COPELAND, WILLIE 500 N.E FRÓNIE STREET 436 SW DONOVAN GLEN LAKE CITY, FL 32055 LAKE CITY, FL 32024 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: WILLIE COPELAND 03/03/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition COPELAND, WILLIE L Name: Name: Address: 436 SW DONOVAN GLEN Address: LAKE CITY, FL 32024 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition RICHARDSON, FRANCES Name: Name: COLON, MARION Address: 129 N W LEE LANE Address: 643 NW MOORE RD City-St-Zip: LAKE CITY, FL 32055 City-St-Zip: LAKE CITY, FL 32055 Title: () Delete Title: (X) Change () Addition JACKSON, DEESHA JACKSON, EDITHIA Name: Name: 436 SW DONOVAN GLEN 436 SW DONOVAN GLEN Address: Address: City-St-Zip: LAKE CITY, FL 32024 City-St-Zip: LAKE CITY, FL 32024 Title: () Delete Title: () Change () Addition Name: COPLELAND, EDITH Name: Address: 436 SW DONOVAN GLEN Address: City-St-Zip: LAKE CITY, FL 32024 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: EDITHIA JACKSON T 03/03/2006