


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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 MAY 27 AM 10:23

DOCUMENT # <i>N98000005046</i>	
1. Entity Name <i>The Good Shepherd Tabernacle Inc.</i>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <i>504 NW Dixie St.</i>	3. Mailing Address <i>436 SW DONOVAN GLEN</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <i>LAKE CITY, FLA</i>	City & State <i>LAKE CITY, FLA</i>	4. FEI Number <i>59-3525720</i>	Applied For <input type="checkbox"/>
Zip <i>32055</i>	Country <i>USA</i>	Zip <i>32024</i>	Country <i>USA</i>
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Willie L. Copeland*  
Street Address (P.O. Box Number is Not Acceptable)  
*436 S.W. DONOVAN GLEN*  
City *LAKE CITY, FL* Zip Code *32024*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, both, in the state of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE *President Willie Lee Copeland* DATE *4-14-09*  
Signature, typed or printed name of registered agent and title if applicable. (NOT a Registered Agent signature required when reinstating)

**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 <i>President Rev. Willie Lee Copeland 436 SW DONOVAN GLEN LAKE CITY, FL 32024</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>500153354875 04/28/09--01046--026 **61.25</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Vice-president Edith Copeland 436 SW DONOVAN GLEN LAKE CITY, FL 32024</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Secretary Edithia S. JACKSON P.O. 72 LAKE CITY, FL 32056</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Treasurer Sandra W. Benms 994 NW Crayway LAKE CITY, FL 32055</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: *President Willie Lee Copeland* DATE *4-14-09* DAYTIME PHONE # *386-752-7138*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/02)

KS