

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731633 (4)
1. Corporation Name
THE CHURCH OF THE GOOD SHEPHERD, INC.



Principal Place of Business 639 EDGEWATER DRIVE P.O. BOX 936 DUNEDIN FL 34697-7996 US	Mailing Address 639 EDGEWATER DRIVE P.O. BOX 936 DUNEDIN FL 34697-7996 US
--	--

3. Date Incorporated or Qualified 01/17/1975	3a. Date of Last Report 02/06/1995
--	--

21. Principal Place of Business 639 Edgewater Drive	22. Mailing Address 639 Edgewater Drive
23. City & State DUNEDIN FL	24. City & State DUNEDIN FL
25. Zip 34696	26. Zip 34696
27. Country FLORIDA	28. Country FLORIDA

4. FEI Number 59-1090703	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent FREEBORN, JOHN B. 3636 FISHER RD. PALM HARBOR FL 34683		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83.			
84. City	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	HEHR, RANDALL K REV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	741 CASLER AVE	1.2 NAME	
STREET ADDRESS	CLEARWATER FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE VD	D'ALESSIO, DAVID <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	399 OVERBROOK ST. EAST	2.2 NAME	BELOTE, EUGENE
STREET ADDRESS	LARGO FL	2.3 STREET ADDRESS	710 WESTFIELD CT.
CITY - ST - ZIP		2.4 CITY - ST - ZIP	DUNEDIN, FL 34698
TITLE VD	SMITH, DAN <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3460 CARMICHAEL ST.	3.2 NAME	BLACKBURN, DOUGLAS
STREET ADDRESS	PALM HARBOR FL	3.3 STREET ADDRESS	2811 LUCE DR. S.
CITY - ST - ZIP		3.4 CITY - ST - ZIP	CLEARWATER, FL 34621
TITLE T	FAIRO, NANNETTE S. <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2643 PINWOOD DR.	4.2 NAME	
STREET ADDRESS	DUNEDIN FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nannette S. Fairo **NANNETTE S. FAIRO** 1/23/96 813-733-4125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (12/95)