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Mar 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

639 EDGEWATER DRIVE  
DUNEDIN FL 34697-7996  
US

639 EDGEWATER DRIVE  
DUNEDIN FL 34698-6916  
US

3. Date Incorporated or Qualified  
01/17/1975

3a. Date of Last Report  
01/29/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-1090703

Applied For  
Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREEBORN, JOHN B.  
3636 FISHER RD.  
PALM HARBOR FL 34683

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

14. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME HEHR, RANDALL K REV  
STREET ADDRESS 741 CASLER AVE  
CITY-ST-ZIP CLEARWATER FL  DELETE

1.1 TITLE PD  
1.2 NAME HEHR, RANDALL K, THE REV  
1.3 STREET ADDRESS 741 CASLER AVENUE  
1.4 CITY-ST-ZIP CLEARWATER, FL 34615  Change  Addition

TITLE VD  
NAME BELOTE, EUGENE  
STREET ADDRESS 710 WESTFIELD CT.  
CITY-ST-ZIP DUNEDIN FL  DELETE

2.1 TITLE VD  
2.2 NAME Cheryl Sharpe  
2.3 STREET ADDRESS 727 Milwaukee Avenue #7  
2.4 CITY-ST-ZIP Dunedin, FL 34698  Change  Addition

TITLE VD  
NAME BLACKBURN, DOUGLAS  
STREET ADDRESS 2811 LUCE DR. S.  
CITY-ST-ZIP CLEARWATER FL  DELETE

3.1 TITLE VD  
3.2 NAME Betty Fraley  
3.3 STREET ADDRESS 235 1/2 Aberdeen Street  
3.4 CITY-ST-ZIP Dunedin, FL 34698  Change  Addition

TITLE T  
NAME FAIRO, NANNETTE S.  
STREET ADDRESS 2643 PINWOOD DR.  
CITY-ST-ZIP DUNEDIN FL  DELETE

4.1 TITLE T  
4.2 NAME FAIRO, NANNETTE S.  
4.3 STREET ADDRESS 2643 PINWOOD DR  
4.4 CITY-ST-ZIP DUNEDIN, FL 34698  Change  Addition

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Nannette S. Fair*

1/28/97 913-723-4125

CR2E037 (9/96)