FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

Principal Place of Business

639 EDGEWATER DRIVE

DUNEDIN FL 34697-7896

Mailing Address

639 EDGEWATER DRIVE DUNEDIN FL 34697-7996

THE CHURCH OF THE GOOD SHEPHERD, INC.

FILED Feb 10 1998 8:00am Secretary of State

Incorporated or Qualified

Applied For

Not Applicable

01/17/1975

59-1090703

4. FEI Number

21				26					5. Certificate of Status Desired S8.75 Additional Fee Required				
Suite, Apt. #, etc.				Suite, Apt. #, etc.					6. Election Campaign Financing		\$5.00		
22			27	27							Added to		
City & State				City & State					7. Is this nonprofit corporation a homeowners association?				
23				28					☐ Yes ☐ No				
Zip	ļ.	Country	\vdash	Zip Coun				8. This corporation owes or has paid the current year Intangil					
24 25 29 30 30 9. Name and Address of Current Registered Agent								Personal Property Tax due June 30. Yes No					
6. Maria and Vacciase of Childre Gallstate Wagner									10. Name and Address of New Regi	Stered A	gent		
PAPPAARI JAJAJA							Name						
FREEBORN, JOHN B.							82 Street Address (P.O. Box Number is Not Acceptable)						
3636 FISHER RD.						83							
PALM HARBOR FL 34683													
						84	City			FL	85 Zip	Code	
11 Dura cont to the provisions of Sections 617 0500 and 617 1500 Florida Districts the standard							-pamed	001001	ration submits this statement for the pur		obonoino i	to registered	
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 Signature, typed or printed name of registered agent and title (I applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
12.	OFFICERS AND DIRECTORS 13.						x exprasore	required	ADDITIONS/CHANGES TO OFFICE		DIRECTOR	3S IN 12	
TITLE	PD			☐ DELETE	1.1	TITLE	I				Change	Addition	
NAME .	. –	IANDALL K REV			1.3	NAME					_ •	_	
STREET ADDRESS	741 CASLER AVE					1.3 STREET ADDRESS						i	
CITY-ST-ZIP	CLEARWATER FL					1.4 CITY-ST-ZIP							
TITLE	VD	· • • · · · · · · · · · · · · · · · · ·				TITLE					Change	Addition	
NAME	SHARPE	, CHERYL			2.2	NAME					•		
STREET ADDRESS		NAUKEE AVE #7			2.3	STREET	ADDRESS						
CITY-ST-ZIP	DUNEDI	N FL			2.	4 CITY-S	T-ZIP						
TITLE	VD			☐ DELETE	3.1	TITLE			*		Change	☐ Addition	
NAME	FRALEY,	BETTY			3.2	NAME							
STREET ADDRESS	235 1/2	ABERDEEN ST			3.3	STREET	ADDRESS						
CITY-ST-ZIP	DUNEDI	N FL			3.4	I. CITY-S	r-ZIP						
TITLE	T			☐ DELETE	4.1	TITLE		-			Change	Addition	
NAME		lannette s.			4.3	2 NAME						i	
STREET ADDRESS		iewood dr.			4.3	STREET	NDORESS						
CITY-ST-ZIP	DUNEDIN	N FL				CITY-ST	-ZIP						
TITLE				☐ DELETE	5.1	TITLE		VD		T	Change	Addition	
NAME					5.2	NAME			ight, Florence J.				
STREET ADDRESS					5.3	STREET A	DDRESS		O Hadley Dr.				
CITY-ST-ZIP						CITY-ST	- ZIP	Pal	lm Harbor, FL 34683				
TITLE				DELETE	6.1	TITLE				I	Change	Addition	
NAME					6.2	NAME							
STREET ADDRESS					6.3	STREET A	DDRESS						
CITY-ST-ZIP						CITY-ST							
 14. I hereby coindicated of 	ertify that the on this annua	information supplied will report or supplemental	th this fi annuai	ling does not qual report is true and	ify for the e	xempti	on stated	d in Se nature i	ection 119.07(3)(i), Florida Statutes. I fur	ther cert	ify that the	information	

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.