

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 03, 2000 8:00 am
Secretary of State

02-07-2000 90066 009 ****61.25

DOCUMENT # 731633
 1. Entity Name
THE CHURCH OF THE GOOD SHEPHERD, INC.

Principal Place of Business 639 EDGEWATER DRIVE DUNEDIN FL 34697-7996 US	Mailing Address 639 EDGEWATER DRIVE DUNEDIN FL 34698-6916 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-1090703	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent
FREEBORN, JOHN B.
3836 FISHER RD.
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW:
SEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VB- VP 2 WRIGHT, FLORENCE J <i>D</i> 470 HADLEY DR PALM HARBOR FL 34683 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRALEY, BETTY <input checked="" type="checkbox"/> Delete 235 1/2 ABERDEEN ST DUNEDIN FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. FAIRO, NANNETTE S. <i>D</i> 2643 PINWOOD DR. DUNEDIN FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 1 <i>D</i> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Blackburn, Douglas 2811 Luce Drive S. Clearwater, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres - <i>D</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition The Rev. Patrick Ward 639 Edgewater Drive Dunedin, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Nannette S. Fairo* **1/31/00** **Nannette S. Fairo**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **727-733-4125**