

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731633

FILED  
Feb 24, 2009  
Secretary of State

**Entity Name:** THE CHURCH OF THE GOOD SHEPHERD, INC.

**Current Principal Place of Business:**

639 EDGEWATER DRIVE  
DUNEDIN, FL 346986916 US

**New Principal Place of Business:**

**Current Mailing Address:**

639 EDGEWATER DRIVE  
DUNEDIN, FL 346986916 US

**New Mailing Address:**

**FEI Number:** 59-1090703

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, REV. ROBERT L  
639 EDGEWATER DR.  
DUNEDIN, FL 34698 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: WARNER, JUDITH A  
Address: 639 EDGEWATER DR.  
City-St-Zip: DUNEDIN, FL 34698

Title: CT ( ) Delete  
Name: WILLIAMS, REV. ROBERT L  
Address: 639 EDGEWATER DR  
City-St-Zip: DUNEDIN, FL 34698

Title: PT ( ) Delete  
Name: SHARPE, BRIAN  
Address: 867 PINEWOOD TERRACE  
City-St-Zip: PALM HARBOR, FL 34683

Title: VPT ( ) Delete  
Name: GREENE, CINDY  
Address: 1851 DAWN DRIVE  
City-St-Zip: CLEARWATER, FL 33763

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPT (X) Change ( ) Addition  
Name: SMITH, JULES  
Address: 70 WATER OAK WAY  
City-St-Zip: OLDSMAR, FL 34677

Title: PT (X) Change ( ) Addition  
Name: GREENE, CINDY  
Address: 1851 DAWN DRIVE  
City-St-Zip: CLEARWATER, FL 33763

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUE BOONE, BOOKKEEPER

M

02/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date