

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90197 013 ****61.25

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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 34697-7996
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1090703**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SWIFT, STEPHEN A REV.
639 EDGEWATER DR.
DUNEDIN FL 34698**

7. Name and Address of New Registered Agent

Name **Niedermeier, SUSAN**
Street Address (P.O. Box Number is Not Acceptable)
639 Edgewater Dr.
City **Dunedin, FL 34698** **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Susan Niedermeier

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BLACKBURN, GLORIA R	
STREET ADDRESS	639 EDGEWATER DR.	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	CT	<input type="checkbox"/> Delete
NAME	SWIFT, STEPHEN A REV.	
STREET ADDRESS	639 EDGEWATER DR	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	WARNER, JUDITH	
STREET ADDRESS	639 EDGEWATER DR.	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	BLACKBURN, DOUG	
STREET ADDRESS	639 EDGEWATER DR.	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan Niedermeier	
STREET ADDRESS	639 Edgewater Dr.	
CITY-ST-ZIP	Dunedin, FL. 34698	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Blackburn, Doug	
STREET ADDRESS	639 Edgewater Dr.	
CITY-ST-ZIP	Dunedin, FL. 34698	
TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kurtz, Helen C.	
STREET ADDRESS	639 Edgewater Dr.	
CITY-ST-ZIP	Dunedin, FL. 34698	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Susan Niedermeier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)