

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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
~~P.O. BOX 888~~
DUNEDIN FL 34697-7996
US

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~~P.O. BOX 888~~
DUNEDIN FL 34697-7996
US

3. Date Incorporated or Qualified
01/17/1975

3a. Date of Last Report
02/06/1995

2. Principal Place of Business

2a. Mailing Address

21 639 Edgewater Drive

26 639 Edgewater Drive

4. FEI Number
59-1090703

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

22 City & State

27 City & State

23 DUNEDIN FL

28 DUNEDIN FL

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

24 Zip

25 Country

34696

PINELLAS

29 Zip

30 Country

34696

PINELLAS

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

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

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 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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME D'ALESSIO, DAVID
STREET ADDRESS 399 OVERBROOK ST. EAST
CITY-ST-ZIP LARGO FL ☒ DELETE

2.1 TITLE VD
2.2 NAME BELOTE, EUGENE
2.3 STREET ADDRESS 710 WESTFIELD CT.
2.4 CITY-ST-ZIP DUNEDIN, FL 34698 ☒ Change ☐ Addition

TITLE VD
NAME SMITH, DAN
STREET ADDRESS 3460 CARMICHAEL ST.
CITY-ST-ZIP PALM HARBOR FL ☒ DELETE

3.1 TITLE VP
3.2 NAME BLACKBURN, DOUGLAS
3.3 STREET ADDRESS 2811 LUCE DR. S.
3.4 CITY-ST-ZIP CLEARWATER, FL 34621 ☒ Change ☐ Addition

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: NANETTE S. FAIRO 1/23/96 813-733-4125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)