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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

639 EDGEWATER DRIVE
DUNEDIN FL 34697-7996
US

Mailing Address

639 EDGEWATER DRIVE
DUNEDIN FL 34698-6916
US



3. Date Incorporated or Qualified
01/17/1975

3a. Date of Last Report
01/29/1996

4. FEI Number
59-1090703

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

14. 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

TITLE PD
NAME HEHR, RANDALL K REV
STREET ADDRESS 741 CASLER AVE
CITY- ST- ZIP CLEARWATER FL

TITLE VD
NAME BELOTE, EUGENE
STREET ADDRESS 710 WESTFIELD CT.
CITY- ST- ZIP DUNEDIN FL

TITLE VD
NAME BLACKBURN, DOUGLAS
STREET ADDRESS 2811 LUCE DR. S.
CITY- ST- ZIP CLEARWATER FL

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME HEHR, RANDALL K, The Rev
1.3 STREET ADDRESS 741 CASLER AVENUE
1.4 CITY- ST- ZIP CLEARWATER, FL 34615

2.1 TITLE VD
2.2 NAME Cheryl Sharpe
2.3 STREET ADDRESS 727 Milwaukee Avenue #7
2.4 CITY- ST- ZIP Dunedin, FL 34698

3.1 TITLE VD
3.2 NAME Betty Fraley
3.3 STREET ADDRESS 235 1/2 Aberdeen Street
3.4 CITY- ST- ZIP Dunedin, FL 34698

4.1 TITLE FAIRO, NANNETTE S
4.2 NAME
4.3 STREET ADDRESS 2643 PINWOOD DR
4.4 CITY- ST- ZIP DUNEDIN, FL 34698

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

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

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/97 813-723-4125

CR2E037 (9/96)