NONPROFIT CORPORATION ANNUAL REPORT

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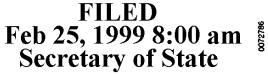


FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 731633**



02-25-1999 90057 037 \*\*\*\*61.25

THE CHURCH OF THE GOOD SHEPHERD, INC.										
Principal Place of Business Mailing Address										
639 EDGEWAT DUNEDIN FL 3 US	er drive	639 EDGEWATER DRIVE DUNEDIN FL 34697-7996 US								
Principal Place of Business     2a. Mailing Address						3.	Date Incorporated or Qualifed			
21 26							01/17/1975			
Suite, Apt. #, etc. Suite, Apt. #, etc.						4.	FEI Number	<del></del>	plied For	
22 27			·				<u>59-1090703</u>		t Applicable	
City & State City & State						5.	Certificate of Status Desired	<b>\$8.75</b> A Fee Re		
23	28     7   28	Country				El a Constantination				
Zip				у			Election Campaign Financing Trust Fund Contribution	\$5.00 Added to		
24	9. Name and Address of Curren	<del></del>	30				Name and Address of New Registered		0 1 000	
	o. Hame and Adaless of Carton	. rtogiotorou rigani	8	1 Name						
FREEBORN, JOHN B.			8:	32 Street Address (P.O. Box Number is Not Acceptable)			_			
3636 FISHER RD.			8:	1						
PALM HARBOR FL 34683			"	65						
			84	'			Fi			
11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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.								registered gistered		
SIGNATURE	,									
	Signature, typed or printed name of registered agen		Registered Ag	ent signature i	required wi		einstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIDECTO	DC (N. 12	
12.				13. 1.1 TITLE			ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	
TITLE	PD DANDALL K DEV	ADECETE	1.1 TITLE	:				L_J onlingo		
NAME	HEHR, RANDALL K REV			ET ADDRESS						
STREET ADDRESS	741 CASLER AVE CLEARWATER FL		1.4 CITY-							
CITY-ST-ZIP TITLE	VD	☐ DELETE	2.1 TITLE	31-ZIF				Change	Addition	
NAME	WRIGHT, FLORENCE J	<u></u>	2.2 NAME	:						
STREET ADDRESS	470 HADLEY DR			ET ADDRESS						
			2. 4 CITY-							
CITY-ST-ZIP TITLE	PD	☐ DELETE	3.1 TITLE		20			Change	Addition	
NAME	FRALEY, BETTY		3.2 NAME							
STREET ADDRESS	235 1/2 ABERDEEN ST		3.3 STRE	ETADORESS						
CITY-ST-ZIP	DUNEDIN FL		3.4. CITY-	-ST-ZIP						
TITLE	T	☐ DELETE	4.1 TITLE					Change	☐ Addition	
NAME	FAIRO, NANNETTE S.		4. 2 NAMI	Ξ	İ					
STREET ADDRESS	2643 PINEWOOD DR.		4.3 STREET ADDRES		ŀ					
CITY-ST-ZIP	DUNEDIN FL		4.4 CITY-	ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE					Change	☐ Addition	
NAME			5.2 NAME							
STREET ADDRESS				5.3 STREET ADDRESS						
CITY-ST-ZIP				5.4 CITY-ST-ZIP					Addition	
TITLE		☐ DELETE	6.1 TITLE					Change	☐ ∀aa‱on	
NAME			6.2 NAME						ļ	
STREET ADDRESS			1	ET ADDRESS						

14. 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 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, with all other like empowered.

SIGNATURE: