

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/

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 34698-6916  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

FREEBORN, JOHN B.  
3636 FISHER RD.  
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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.

SIGNATURE

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  
Department of State

10. OFFICERS AND DIRECTORS

TITLE VB- VP 2 ☐ Delete  
NAME WRIGHT, FLORENCE J D  
STREET ADDRESS 470 HADLEY DR  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE PD ☒ Delete  
NAME FRALEY, BETTY  
STREET ADDRESS 235 1/2 ABERDEEN ST  
CITY-ST-ZIP DUNEDIN FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP 1 D ☒ Change ☒ Addition  
NAME Blackburn, Douglas  
STREET ADDRESS 2811 Luce Drive S.  
CITY-ST-ZIP Clearwater, FL 33761

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Pres - D ☐ Change ☒ Addition  
NAME The Rev. Patrick Ward  
STREET ADDRESS 639 Edgewater Drive  
CITY-ST-ZIP Dunedin, FL 34698

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

1/31/00

Nannette S. Fairo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-733-4125

Date

Daytime Phone #

FILED  
May 03, 2000 8:00 am  
Secretary of State

02-07-2000 90066 009 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1090703

Applied For  
Not Applicable

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