2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State
04-28-2008 90402 004 ****61.25

DOCUMENT # 731633

1. Entity Name
THE CHURCH OF THE GOOD SHEPHERD, INC.

Principal Place of Business	Mailing Address
639 EDGEWATER DRIVE DUNEDIN, FL 34698-6916 US	639 EDGEWATER DRIVE DUNEDIN, FL 34698-6916 US

66012088

04222008 No Chg-NP CR2E037 (4/06)

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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

WILLIAMS, REV. ROBERT L
639 EDGEWATER DR.
DUNEDIN, FL 34698

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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 Rev. Robert L. Williams 5/19/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	WARNER, JUDITH A
STREET ADDRESS	639 EDGEWATER DR.
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	CT
NAME	WILLIAMS, REV. ROBERT L
STREET ADDRESS	639 EDGEWATER DR
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	PT
NAME	SHARPE, BRIAN
STREET ADDRESS	867 PINEWOOD TERRACE
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	VPT
NAME	GREENE, CINDY
STREET ADDRESS	1851 DAWN DRIVE
CITY-ST-ZIP	CLEARWATER, FL 33763
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Rev. Robert L. Williams 5/19/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Rev. Robert L. Williams