2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# 731633

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

Current Principal Place of Business:

639 EDGEWATER DRIVE
DUNEDIN, FL 346986916 US

New Principal Place of Business:

Current Mailing Address:

639 EDGEWATER DRIVE
DUNEDIN, FL 346986916 US

New Mailing Address:

FEI Number: 59-1090703 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: WARNER, JUDITH A
Address: 639 EDGEWATER DR.
City-St-Zip: DUNEDIN, FL 34698

Title: CT ( ) Delete
Name: WILLIAMS, REV. ROBERT L
Address: 639 EDGEWATER DR
City-St-Zip: DUNEDIN, FL 34698

Title: PT ( ) Delete
Name: SHARPE, BRIAN
Address: 867 PINEWOOD TERRACE
City-St-Zip: PALM HARBOR, FL 34683

Title: VPT ( ) Delete
Name: GREENE, CINDY
Address: 1851 DAWN DRIVE
City-St-Zip: CLEARWATER, FL 33763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPT (X) Change ( ) Addition
Name: SMITH, JULES
Address: 70 WATER OAK WAY
City-St-Zip: OLDSMAR, FL 34677

Title: PT (X) Change ( ) Addition
Name: GREENE, CINDY
Address: 1851 DAWN DRIVE
City-St-Zip: CLEARWATER, FL 33763

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUE BOONE, BOOKKEEPER M 02/24/2009

Electronic Signature of Signing Officer or Director — Date