

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701211

FILED  
Jan 15, 2004  
Secretary of State

**Entity Name:** GOOD SHEPHERD CHURCH OF ENGLEWOOD, INC.

**Current Principal Place of Business:**

2550 ENGLEWOOD ROAD  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

**Current Mailing Address:**

2550 ENGLEWOOD ROAD  
ENGLEWOOD, FL 34223

**New Mailing Address:**

**FEI Number:** 65-0034619

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BABCOCK, DENNIS  
1960 MISSISSIPPI AVENUE  
GROVE CITY, FL 34224

**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: D ( ) Delete  
Name: HEDGEPEETH, ROBERT  
Address: 35 CLINTON AVENUE  
City-St-Zip: ENGLEWOOD, FL 34223

Title: C ( ) Delete  
Name: MELVIN, BILLY  
Address: 7 OLD TRAIL ROAD  
City-St-Zip: ENGLEWOOD, FL 34223

Title: D ( ) Delete  
Name: ASHLEY, LEWIS  
Address: 500 IDEAL PLACE HARBOR COVE  
City-St-Zip: NORTH PORT, FL 34287

Title: S ( ) Delete  
Name: BABCOCK, DENNIS  
Address: 1960 MISSISSIPPI AVENUE  
City-St-Zip: GROVE CITY, FL 34224

Title: D ( ) Delete  
Name: WING, WILFRED  
Address: 874 SECOND STREET  
City-St-Zip: ENGLEWOOD, FL 34223

Title: D ( ) Delete  
Name: SHARP, JAMES  
Address: 440 EDWARDS STREET  
City-St-Zip: ENGLEWOOD, FL 34223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BILLY MELVIN

C

01/15/2004

Electronic Signature of Signing Officer or Director

Date