2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706248

FILED Sep 05, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 639 EDGEWATER DR DUNEDIN, FL 346986916 US **Current Mailing Address: New Mailing Address:** 639 EDGEWATER DR DUNEDIN, FL 346986916 US FEI Number: 59-6140984 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLIAMS, REV, BOB 639 EDGEWATER DRIVE DUNEDIN, FL 34689 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete WILLIAMS, REV BOB Name: Name: 639 EDGEWATER DRIVE Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: Title: () Delete Title: () Change () Addition ZAHN, GREGORY C Name: Name: Address: 639 EDGEWATER DR Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: Title: () Delete Title: SD (X) Change () Addition ANRENS, SHIRLEY J AHRENS, SHIRL J Name: Name: 639 EDGEWATER DR 639 EDGEWATER DR Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: DUNEDIN, FL 34698 Title: VD () Delete Title: VD (X) Change () Addition SNARPG, CHERYL Name: Name: SHARPE, CHERYL 639 EDGEWATER DR 639 EDGEWATER DR Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: DUNEDIN, FL 34698 Title: () Delete Title: (X) Change () Addition GENRING, RICHARD E GEHRING, RICHARD E Name: Name: 639 EDGEWATER DR 639 EDGEWATER DR Address: Address: DUNEDIN, FL 34698 City-St-Zip: DUNEDIN, FL 34698 City-St-Zip:

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: GREGORY C. ZAHN TD 09/05/2007