2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2005
Secretary of State

DOCUMENT# 731633

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

Current Principal Place of Business:

639 EDGEWATER DRIVE
DUNEDIN, FL 346977996 US

New Principal Place of Business:

639 EDGEWATER DRIVE
DUNEDIN, FL 346986916 US

Current Mailing Address:

639 EDGEWATER DRIVE
DUNEDIN, FL 346977996 US

New Mailing Address:

639 EDGEWATER DRIVE
DUNEDIN, FL 346986916 US

FEI Number: 59-1090703 **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:

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: NIEDERMEIR, SUSAN
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: VPT ( ) Delete
Name: SHARPE, CHERYL
Address: 639 EDGEWATER DR.
City-St-Zip: DUNEDIN, FL 34698

Title: PT ( ) Delete
Name: BLACKBURN, DOUG
Address: 639 EDGEWATER DR.
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PT (X) Change ( ) Addition
Name: SHARPE, CHERYL
Address: 639 EDGEWATER DR.
City-St-Zip: DUNEDIN, FL 34698

Title: VPT (X) Change ( ) Addition
Name: LEMMON, LYNN
Address: 639 EDGEWATER DR.
City-St-Zip: DUNEDIN, FL 34698

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: REV, ROBERT L. WILLIAMS CT 06/12/2005

Electronic Signature of Signing Officer or Director — Date