

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 760742 (7)  
1. Corporation Name  
**EPISCOPAL CHURCH OF THE GOOD SHEPHERD, INC.**



Principal Place of Business Mailing Address  
331 LAKE AVE. 331 LAKE AVE.  
MAITLAND FL 32751 MAITLAND FL 32751

3. Date Incorporated or Qualified <b>11/18/1981</b>	3a. Date of Last Report <b>04/19/1995</b>
4. FEI Number <b>59-1023430</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing - Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent  
**WEBB, JESSE  
1931 OLD COLONY LANE  
MAITLAND FL 32751**

10. Name and Address of New Registered Agent  
81 Name **Wm. Joel Anglin**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**350 Seneca Trail**  
83  
84 City **Maitland,** FL 85 Zip **32751**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *James A. Shortess* (Signature, typed or printed name of registered agent and title if applicable) (NOT Registered Agent signature required when reinstating) DATE: **4-22-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T NAME: <b>ENGERT, BARTH</b> STREET ADDRESS: <b>425 GILBART RD</b> CITY-ST-ZIP: <b>WINTER PARK FL</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME: <b>Robert Klettner</b> 1.3 STREET ADDRESS: <b>531 Poncha Tr.</b> 1.4 CITY-ST-ZIP: <b>Maitland, Florida 32751</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D NAME: <b>STEEVES, JEANNETTE</b> STREET ADDRESS: <b>P.O. BOX 150104 N/A</b> CITY-ST-ZIP: <b>ALTAMONTE SPRINGS FL</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME: <b>Jean Byrd</b> 2.3 STREET ADDRESS: <b>105 Conrad Ct.</b> 2.4 CITY-ST-ZIP: <b>Winter Park, Florida 32789</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
C NAME: <b>HIGGINS, STAN</b> STREET ADDRESS: <b>150 ISLANDER CT. APT L</b> CITY-ST-ZIP: <b>LONGWOOD FL</b>	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME: <b>WEBB, JESSE</b> STREET ADDRESS: <b>1931 OLD COLONY LN</b> CITY-ST-ZIP: <b>MAITLAND FL</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME: <b>Wm. Joel Anglin</b> 4.3 STREET ADDRESS: <b>350 Seneca Trail</b> 4.4 CITY-ST-ZIP: <b>Maitland, Florida 32751</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
PD NAME: <b>SHORTESS, JAMES A.</b> STREET ADDRESS: <b>101 WOODSTREAM CT.</b> CITY-ST-ZIP: <b>MAITLAND FL</b>	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS: <b>800001854938</b> 5.4 CITY-ST-ZIP: <b>-06/07/96--01012--003</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

800001854938  
-06/07/96--01012--003  
\*\*\*70.00  
5/1/96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James A. Shortess* 3-26-96 407-644-5350  
Date Daytime Phone #

CR2E037 (12/95)