

FILE NOW: FILING FEE IS \$61.25

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**Apr 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 760742 (7)

1. Corporation Name
EPISCOPAL CHURCH OF THE GOOD SHEPHERD, INC.

Principal Place of Business 331 LAKE AVE. MAITLAND FL 32751	Mailing Address 331 LAKE AVE. MAITLAND FL 32751
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21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 11/18/1981	
4. FEI Number 59-1023430	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ANGLIN, JOEL WM.
950 SENECA TRAIL
MAITLAND FL 32751**

10. Name and Address of New Registered Agent

81 Name TRACY FRASER	
82 Street Address (P.O. Box Number is Not Acceptable) 1473 Northridge Dr	
83	
84 City Longwood	85 Zip Code FL 32750-4553

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: *Tracy L. Fraser* DATE: **3/27/98**

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	KLETTNER, ROBERT	
STREET ADDRESS	531 PONCHA TR-	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BYRD, JEAN	
STREET ADDRESS	105 CONRAD CT.	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	C	<input type="checkbox"/> DELETE
NAME	HIGGINS, STAN	
STREET ADDRESS	150 ISLANDER CT. APT L	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ANGLIN, JOEL WM.	
STREET ADDRESS	950 SENECA TR.	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHORTESS, JAMES A.	
STREET ADDRESS	101 WOODSTREAM CT.	
CITY-ST-ZIP	MAITLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CASBY BRITT	
1.3 STREET ADDRESS	210 Magnolia Rd Apt 206	
1.4 CITY-ST-ZIP	MAITLAND, FL 32751	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TRACY FRASER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TRACY FRASER	
4.3 STREET ADDRESS	1473 Northridge Dr	
4.4 CITY-ST-ZIP	LONGWOOD, FL 32750-4553	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Tracy L. Fraser* DATE: **3/27/98**

CR2E037 (10/97)