SIGNATURE:

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 00 AUG 12 AM 8	
DOCUMENT # 760742				THE ALLEGE, FLORIDA	
1. Corporation Name EPISCOPAL CHURCH OF THE GOOD SHEPHERD, INC.				The second secon	. •
2,1000	THE GROUNDS OF THE GOOD	<i>O</i> (1)(1) (1)(0)			
Principal Place of Business Mailing Address					
331 LAKE AVE. MAITLAND FL 32751		331 LAKE AVE. MAITLAND FL 32751			
				. 16411. 14416 6111. 44111 13411 41418 1131 41411	
					8 \$ 101.75
2. Principal P	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 11/18/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
City & State		City & State		59-1023430	Not Applicable \$8.75 Additional
23		28		5. Certificate of Status Desired	Fee Required
Zip 24	Country 25	Zip [39]	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
FRASER, TRACY 1473 NORTHRIDGE DR LONGWOOD FL 32750-4553 B4 CIALTA MONTE, Springs FL 85 30 70 1					
11. Pursuant to the provisions of Sections p. 7.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement to the purpose of changing its region office or registered beant or total, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with and accept to the dispersion of Section 617.0503, Florida Statutes. SIGNATURE Signature, tiped or purifyed after agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
12.	OF ICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE NAME	BRITT, CASEY	POETEIE	1.1 TITLE D	Treasurer Damela Fengley	☐ Change DXAddition
STREET ADDRESS	210 MAGNOLIA RD APT 206 MAJTLAND FL 32751			118 Hound Run Pl. asselberry, FL 3270	7
TITLE	D	DELETE	2.1 TITLE	lunior Warden	Change XAddition
NAME	BYRD, JEAN		22 NAME	Vian Techinal	, i
STREET ADDRESS CITY-ST-ZIP	105 CONRAD CT. WINTER PARK FL 32789		2.3 STREET ADDRESS 2.4 City-St-ZiP	olg Sherrywood St. Fern Park, FL 32730	
TITUE	C	DELETE	31 TITLE D	lerk.	☐ Change ☐ Addition
NAME STREET ADDRESS	HIGGINS, STAN 150 ISLANDER CT. APT L		32 NAME 3.3 STREET ADDRESS 7	Ethel Copes 321 Banyan Dr.	
CITY-ST-ZIP	LONGWOOD FL			Maitland, FL 32751	
TITLE	S TRACY	∑ DEL€TE	41 TITLE D V	vayne Raborn, benior V	Variation (MAddition
NAME STREET ADDRESS	Fraser, tracy 1473 Northridge Dr		4.2 NAME 43 STREET ADDRESS	ha Oak Hill Dr.	
CITY-ST-ZIP	LONGWOOD FL 32750-4553		4.4 CITY-ST-ZIP	Iltamonte Springs, Fl	_ 32701
TITLE	PD AMEG A	DELETE	5.1 TITLE	() ,	☐ Change ☐ Addition
NAME STREET ADDRESS	SHORTESS, JAMES A. 101 WOODSTREAM CT.		5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME etheet annoess			6.2 NAME 6.3 STREET ADDRESS		KE
STREET ADDRESS CITY- ST- ZIP	΄ . Λ.	1	6.4 CITY-ST-ZIP		
14. I hereby certify that the information supplied wit 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 by supplied entagendual 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 composition in the recipied for 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 charged, upon an attact ment with an address, with all other like empowered.					

OF BIONING OFFICER OR DIRECTOR