

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90037 039 ****61.25

DOCUMENT # 760742					
1. Entity 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		4000000000	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02262008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1023430	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NYHAN, JOHN P 331 LAKE AVENUE MAITLAND, FL 32751			Name Street Address (P.O. Box Number is Not Acceptable) 331 Lake Avenue City Maitland FL Zip Code 32751		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	Senior Warden	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOSS, RICHARD		NAME	Betty Fisher	
STREET ADDRESS	108 ROSE BRIAR DRIVE		STREET ADDRESS	1529 N. Carolwood Blvd.	
CITY-ST-ZIP	LONGWOOD, FL 32750		CITY-ST-ZIP	Fern Park, FL 32730	
TITLE	JRW	<input checked="" type="checkbox"/> Delete	TITLE	Junior Warden	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURGESS, JAMES		NAME	Bill Wassil	
STREET ADDRESS	91 OAKLEIGH LANE		STREET ADDRESS	4437 Park Eden Cir.	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	Orlando, FL 32810	
TITLE	SEC	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIERCE, CATHERINE		NAME	Susan Struwing	
STREET ADDRESS	631 E. LAKE SUE AVENUE		STREET ADDRESS	817 Meiner Blvd	
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP	Altamonte Springs, FL 32707	
TITLE	SW	<input checked="" type="checkbox"/> Delete	TITLE	Clerk	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MADILL, GEORGE		NAME	ethel copes	
STREET ADDRESS	3102 BAY LAKE ROAD		STREET ADDRESS	921 Banyan Dr.	
CITY-ST-ZIP	ORLANDO, FL 32808		CITY-ST-ZIP	Maitland, FL 32751	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			Date: 2-26-08 Daytime Phone #: 407.644.5350		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					