## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 760742** 



FILED
Aug 04, 2003 8:00 am
Secretary of State

1. Entity Nan EPISCOP		CH OF THE GOOD	SHEPHERD, INC.					08-04-200	3 90150	023 ****61.:	25
Principal Place 331 LAKE AVE MAITLAND FL		8	Mailing Address 331 LAKE AVE. MAITLAND FL 32751								
2. Principal F	Place of Busin	ness	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_	CHECK HERE IF MAKING CHANGES					
City & State		City & State		4.	FEI Number	59-10234	30	N	Applied For Not Applicable		
Zip	6 Name	Country	Zip	Cour	ntry			of Status Desire		\$8.75 Ad Fee Require	
6. Name and Address of Current Registered Agent					Name /		Name and A	Address of Ne		ed Agent	
SHORTE	SS JAMES	A REV		_ <del></del>	<u>ا ایک</u> کیست	oric	<u></u>	=Grar		<u> </u>	
SHORTESS, JAMES A REV 331 LAKE AVE					Street Addre	6 7	MON Number	is No@Accept	able)	W.	
MAITLAND FL 32751											
					City	amo	nte s	Sprin	<u>ルン</u>	FL ププ	0
8. The above the obligat	e named entity tions of replet	y submits this statement fo ered agent	r the purpose of changing	its registere	d office or reg	gistered a	gent, or both	, in the State c		. ,	
SOUTH WITH WITH									7	124/200	33 '
SIGNATURE	OTE: Registered	Agent signature re	equired when	reinstating)			ITE /				
	FILE NOW: FEE IS \$61.25  After September 10, 2003, min will be \$236.25  9. Election Campa Trust Fund Con					Added to Fees Florida Department of					
		· ·	1			Add	ded to Fees	Fi	orida Dep	partment of	State
	tember 10,	· ·	36.25 Trust Fun			Add	ded to Fees	Fi	orida Dep		State
After Sept	D D	OFFICERS AND DIF	36.25 Trust Fun	d Contribution  11.  TITLE	en.	Add	ded to Fees	Fi	orida Dep	partment of	State
After Sept 10. TITLE NAME	D FENDLEY,	OFFICERS AND DIF	36.25 Trust Fun	11. TITLE NAME	on.	Add	ded to Fees	Fi	orida Dep	DIRECTORS IN	State
After Sept	D FENDLEY, 218 HOUN	OFFICERS AND DIF PAMELA ID RUN PL.	36.25 Trust Fun	11. TITLE NAME STREE	en.	Add	ded to Fees	Fi	orida Dep	DIRECTORS IN	State
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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 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 life empowered.

**SIGNATURE:**