

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

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

08-04-2003 90150 023 ****61.25

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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**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-1023430**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SHORTESS, JAMES A REV
331 LAKE AVE
MAITLAND FL 32751**

7. Name and Address of New Registered Agent
Name **Gloria W Grant**
Street Address (P.O. Box Number is Not Acceptable)
706 Cranes Circle W.
City **Altamonte Springs FL** Zip Code **32701**

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: *Gloria W Grant* DATE: **7/29/2003**



CHECK HERE IF MAKING CHANGES

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENDLEY, PAMELA	NAME	
STREET ADDRESS	218 HOUND RUN PL.	STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32707	CITY-ST-ZIP	
TITLE	JW <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRASER, DON DR.	NAME	Junior Warden
STREET ADDRESS	1630 SUMMERLAND AVENUE	STREET ADDRESS	Stewart Ponder
CITY-ST-ZIP	WINTER PARK FL 32789-1466	CITY-ST-ZIP	1371 Lyndale Blvd
TITLE	DC <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COPESE, ETHEL	NAME	Secretary
STREET ADDRESS	321 BANYAN DR.	STREET ADDRESS	Keith Folson
CITY-ST-ZIP	MAITLAND FL 32751	CITY-ST-ZIP	2539 Dakota Tr.
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHORTESS, JAMES A.	NAME	
STREET ADDRESS	101 WOODSTREAM CT.	STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	CITY-ST-ZIP	
TITLE	SW <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, GLORIA W	NAME	
STREET ADDRESS	706 CRANES CIR. W.	STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701-7654	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 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: *Gloria W Grant* DATE: **7/29/2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/03)