

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 01, 2001 8:00 am
Secretary of State

02-06-2001 90233 014 ****61.25

DOCUMENT # N00000003215

1. Entity Name

THE EPISCOPAL CHURCH OF THE GOOD SHEPHERD OF LAK

Principal Place of Business

Mailing Address

221 SOUTH FOURTH ST.
LAKE WALES FL 33853

221 SOUTH FOURTH ST.
LAKE WALES FL 33853



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0766969

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

BRANDON, JACK P
130 EAST CENTRAL AVE.
LAKE WALES FL 33853

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. as of 01/31/01 CHANGES TO OFFICERS AND DIRECTORS IN 10

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and Delete checkbox. Rows are empty.

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and Change/Addition checkboxes. Contains entries for Roger A. Ingley, Dr. Fleet Ryland, Michael Craig, and The Rev. Thomas C. Seitz, Jr.

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roger A. Ingley

Date

Treasurer 1/3/01

863-676-17981

Daytime Phone #

CR2E037 (10/00)