

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90256 040 \*\*\*\*61.25

**DOCUMENT # N00000003215**

1. Entity Name

**THE EPISCOPAL CHURCH OF THE GOOD SHEPHERD OF LAK  
 E WALES, FLORIDA, INC.**

Principal Place of Business

**221 SOUTH FOURTH ST.  
 LAKE WALES FL 33853**

Mailing Address

**221 SOUTH FOURTH ST.  
 LAKE WALES FL 33853**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-0766969**

Applied For

Not Applicable

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

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

Name

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

City

**FL**

Zip Code

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **DSW**  
 STREET ADDRESS **INGLEY, ROGER A**  
 CITY-ST-ZIP **1221 S HIGHLAND PK  
 LAKE WALES FL 33853**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DJW**  
 STREET ADDRESS **RYLAND, FLEET DR**  
 CITY-ST-ZIP **920 CAMPBELL AVE  
 LAKE WALES FL 33853**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DT**  
 STREET ADDRESS **CRAIG, MICHAEL**  
 CITY-ST-ZIP **P O BOX 942  
 BABSON PARK FL 33827**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DR**  
 STREET ADDRESS **SEITZ, THOMAS C REV**  
 CITY-ST-ZIP **1000 S LAKESHORE BLVD  
 LAKE WALES FL 33853**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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 like empowered.

SIGNATURE: *Roger A. Ingley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*863-676-7981*  
*1/10/02*

CR2E037 (9/01)