

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 10, 2005  
Secretary of State**

DOCUMENT# N00000003215

**Entity Name:** THE EPISCOPAL CHURCH OF THE GOOD SHEPHERD OF LAKE WALES, FLORIDA, INC.

**Current Principal Place of Business:**

221 SOUTH FOURTH ST.  
LAKE WALES, FL 33853

**New Principal Place of Business:**

**Current Mailing Address:**

221 SOUTH FOURTH ST.  
LAKE WALES, FL 33853

**New Mailing Address:**

**FEI Number:** 59-0766969      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DSW      ( ) Delete  
Name: INGLEY, ROGER A  
Address: 1221 S HIGHLAND PK  
City-St-Zip: LAKE WALES, FL 33853

Title: DJW      ( ) Delete  
Name: BASSETT, RAY  
Address: 2300 SCENIC HWY N.  
City-St-Zip: BABSON PARK, FL 33827

Title: DT      ( ) Delete  
Name: CARTER, STEVE  
Address: 409 RUBY LAKE PL  
City-St-Zip: WINTER HAVEN, FL 33884

Title: DR      ( ) Delete  
Name: SEITZ, THOMAS C REV  
Address: 1000 S LAKESHORE BLVD  
City-St-Zip: LAKE WALES, FL 33853

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV THOMAS C SEITZ

DR

01/10/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date