

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 21, 2008
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: 805 TERRANOVA ROAD
City-St-Zip: WINTER HAVEN, FL 33884

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 exemption stated in Chapter 119, 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: THOMAS C. SEITZ, JR.

_____ Electronic Signature of Signing Officer or Director

REV.

01/21/2008

_____ Date