

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19559

FILED
Jan 06, 2006
Secretary of State

Entity Name: THE CHURCH OF THE GOOD SHEPHERD OF LABELLE, INC.

Current Principal Place of Business:

CHURCH OF THE GOOD SHEPHERD
P.O. BOX 787
LA BELLE, FL 339750787 US

New Principal Place of Business:

CHURCH OF THE GOOD SHEPHERD
1098 COLLINGSWOOD PKWY
LA BELLE, FL 33936 US

Current Mailing Address:

CHURCH OF THE GOOD SHEPHERD
P.O. BOX 787
LA BELLE, FL 339750787 US

New Mailing Address:

FEI Number: 36-0300283 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GOODLAD, JOHN
5268 FT DENAUD RD
ALVA, FL 33920 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: VD () Delete
Name: GOODLAD, JOHN
Address: 5268 DENAUD RD
City-St-Zip: ALVA, FL 33920

Title: TD () Delete
Name: ROSINE, BEV
Address: 4010 N EDGEWATER CIRCLE
City-St-Zip: LABELLE, FL 33935

Title: PD () Delete
Name: KELMEREIT, ALAN
Address: 4554 SPRINGVIEW CIRCLE
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: ROSE, ROSE
Address: 4032 RAINBOW CIRCLE
City-St-Zip: LABELLE, FL 33935

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 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: ALAN KELMEREIT

PD

01/06/2006

Electronic Signature of Signing Officer or Director

Date