

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N19559

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



Principal Place of Business
**CHURCH OF THE GOOD SHEPHERD
1098 COLLINGSWOOD PKWY
LA BELLE, FL 33936 US**

Mailing Address
**CHURCH OF THE GOOD SHEPHERD
P.O. BOX 787
LA BELLE, FL 33975-0787 US**



01122007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number **36-0300283** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GOODLAD, JOHN
5268 FT DENAUD RD
ALVA, FL 33920**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOODLAD, JOHN 5268 DENAUD RD ALVA, FL 33920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSE, ROSE 4032 RAINBOW CIRCLE LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELMEREIT, ALAN 4554 SPRINGVIEW CIRCLE LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000671345
03/28/07-80026-008 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

John Goodlad
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/07
Date

Daytime Phone #