

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90006 014 ****61.25

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**



01102008 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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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 LABELLE FL 33935**

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

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John Goodlad
2/6/08