2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19559

FILED Jan 27, 2012 Secretary of State

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

FEI Number Applied For ()

Current Principal Place of Business:

New Principal Place of Business:

CHURCH OF THE GOOD SHEPHERD 1098 COLLINGSWOOD PKWY LA BELLE, FL 33936 US CHURCH OF THE GOOD SHEPHERD 1098 COLLINGSWOOD PKWY LA BELLE, FL 33935 US

Current Mailing Address:

New Mailing Address:

CHURCH OF THE GOOD SHEPHERD 1098 COLLINGSWOOD PKWY LA BELLE, FL 33936 US CHURCH OF THE GOOD SHEPHERD 1098 COLLINGSWOOD PKWY LA BELLE, FL 33935 US

FEI Number: 36-0300283

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HOLLINGSWORTH, JOHN 4504 SPRINGVIEW CIRCLE LABELLE, FL 33935 US

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

Name: HOLLINGSWORTH, JOHN T Address: 4504 SPRINGVIEW CIRCLE City-St-Zip: LABELLE, FL 33935 US

Title: TD

Name: HOLLINGSWORTH, JOHN T Address: 4504 SPRINGVIEW CIRCLE City-St-Zip: LABELLE, FL 33935 US

Title: PD

Name: KELMEREIT, ALAN
Address: 4554 SPRINGVIEW CIRCLE
City-St-Zip: LABELLE, FL 33935 US

Title: D

 Name:
 GOODLAD, TERESA

 Address:
 5268 FT. DENAUD RD.

 City-St-Zip:
 LABELLE, FL 33935 US

I hereby 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 all other like empowered.

SIGNATURE: JOHN T HOLLINGSWORTH

TD

01/27/2012