

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39258 (1)
1. Corporation Name
THE EPISCOPAL CHURCH OF THE GOOD SHEPHERD OF TEQUESTA, INC.



Principal Place of Business
**400 SEABROOK ROAD
TEQUESTA FL 33469**

Mailing Address
**400 SEABROOK ROAD
TEQUESTA FL 33469**

3. Date Incorporated or Qualified
07/20/1990

3a. Date of Last Report
02/15/1995

4. FEI Number
59-1201052

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent
**TAYLOR, ROBERT S.
400 SEABROOK ROAD
TEQUESTA FL 33469**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GUPTAFSON, BARBARA	
STREET ADDRESS	2167 CARIE CIR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	P	<input type="checkbox"/> DELETE
NAME	TAYLOR, ROBERT S.	
STREET ADDRESS	34 POPLAR ROAD	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, RALPH	
STREET ADDRESS	1 GARDEN ST #106-L	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TWITCHELL, DOUGLAS	
STREET ADDRESS	15772 86 WAY NORTH	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRANT, STEPHANIE	
STREET ADDRESS	1542 JUPITER COVE DR #306	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BECK, CAROL	
STREET ADDRESS	8228 SE CROFT CIRCLE J-8	
CITY-ST-ZIP	HOBE SOUND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lucille LANPHER	
1.3 STREET ADDRESS	173 Seashore Dr	
1.4 CITY-ST-ZIP	Jupiter, FL 33477	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Floyd HARPER	
3.3 STREET ADDRESS	19874 HILDISCUS Dr.	
3.4 CITY-ST-ZIP	TEQUESTA, FL 33465	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JEAN GANTER	
6.3 STREET ADDRESS	401-B SEA OATS Dr.	
6.4 CITY-ST-ZIP	JUNO BEACH, FL 33408	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)

N39258
Pg. 2

S
Ann Ballard
P.O.Box 9041
Jupiter, Florida 33468

T
Richard Montgomery
2402 Appleton Court
Lake Park, Florida 33403

D
Alan Armour
17553 SE Indian Hills Drive
Tequesta, 33469

D
O'Neal Bardin
68 River Drive
Tequesta, 33469

D
Jean Smith
7601 SE Shenandoah Dr
Hobe Sound, 33455

D
Carol Block
179 River Drive
Tequesta, 33469

D
Dave Downing
320 Riverside Drive
Jupiter, 33469

D
Andy Hackett
10 Bay Harbor Road
Tequesta, 33469

D
Martha Herbert
18286 SE Village Circle
Tequesta, 33469