

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33469-2685

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/20/1990	3a. Date of Last Report 03/07/1996
21	26	4. FEI Number 59-1201052	Applied For Not Applicable
22. Suite, Apt #, etc.	27. Suite, Apt #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <del>LAMPHER, LUCILLE</del> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>LAMPHER, LUCILLE</del>	1.2 NAME	MARTHA HERBERT
STREET ADDRESS	<del>173 SEASHORE DRIVE</del>	1.3 STREET ADDRESS	18286 SE Village Circle
CITY-ST-ZIP	<del>JUPITER FL</del>	1.4 CITY-ST-ZIP	TEQUESTA, FLORIDA 33469
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, ROBERT S.	2.2 NAME	
STREET ADDRESS	34 POPLAR ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, RALPH	3.2 NAME	
STREET ADDRESS	1 GARDEN ST #106-L	3.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	3.4 CITY-ST-ZIP	
TITLE	D <del>HARRER, FLOYD</del> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>HARRER, FLOYD</del>	4.2 NAME	ANDREW HALKETT
STREET ADDRESS	<del>19874 NIBISCUS DRIVE</del>	4.3 STREET ADDRESS	10 BAY HARBOR Road
CITY-ST-ZIP	<del>TEQUESTA FL</del>	4.4 CITY-ST-ZIP	TEQUESTA, FLORIDA 33469
TITLE	D <del>GANTHER, JEAN</del> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>GANTHER, JEAN</del>	5.2 NAME	DAVID DOWNING
STREET ADDRESS	<del>401 B SEA OATS DRIVE</del>	5.3 STREET ADDRESS	320 Riverside Drive
CITY-ST-ZIP	<del>JUNO BEACH FL</del>	5.4 CITY-ST-ZIP	JUPITER, FLORIDA 33469
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECK, CAROL	6.2 NAME	
STREET ADDRESS	8228 SE CROFT CIRCLE J-8	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  ROBERT S. TAYLOR 1/21/97  
Date: 1/21/97  
Daytime Phone: 561-746-4674

CR2E037 (9/96)