


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 20 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N39258 (1)**  
1. Corporation Name

**THE EPISCOPAL CHURCH OF THE GOOD SHEPHERD OF TEQUESTA, INC.**



Principal Place of Business <b>400 SEABROOK ROAD TEQUESTA FL 33469</b>	Mailing Address <b>400 SEABROOK ROAD TEQUESTA FL 33469</b>
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3. Date Incorporated or Qualified <b>07/20/1990</b>
4. FEI Number <b>59-1201052</b>
Applied For <input type="checkbox"/>
Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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  
85 Zip Code **FL**

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 signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MARTHA HERBERT</b>
STREET ADDRESS	<b>18286 SE VILLAGE CIR.</b>
CITY-ST-ZIP	<b>TEQUESTA FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>TAYLOR, ROBERT S.</b>
STREET ADDRESS	<b>34 POPLAR ROAD</b>
CITY-ST-ZIP	<b>TEQUESTA FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>JOHNSON, RALPH</b>
STREET ADDRESS	<b>1 GARDEN ST #106-L</b>
CITY-ST-ZIP	<b>TEQUESTA FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ANDREW HACKETT</b>
STREET ADDRESS	<b>10 BAY HARBOR RD.</b>
CITY-ST-ZIP	<b>TEQUESTA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DAVID DOWNING</b>
STREET ADDRESS	<b>320 RIVERSIDE DR.</b>
CITY-ST-ZIP	<b>JUNO BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BECK, CAROL</b>
STREET ADDRESS	<b>8228 SE CROFT CIRCLE J-8</b>
CITY-ST-ZIP	<b>HOBE SOUND FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>LINDA CASSIDY</b>
3.3 STREET ADDRESS	<b>18272 SE CASSIA LANE</b>
3.4 CITY-ST-ZIP	<b>TEQUESTA, FL 33469-1426</b>
4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>JOHN KUIPERS</b>
4.3 STREET ADDRESS	<b>18930 PAINTED LEAF COURT</b>
4.4 CITY-ST-ZIP	<b>JUPITER, FL 33458</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 as an attachment with an address.

SIGNATURE: **ROBERT S. TAYLOR** 1/6/98 561-746-4674

CR2E037 (10/97)