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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39258

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

131760-90061-42 *



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

07/20/1990

4. FEI Number

59-1201052

Applied For:

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

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 Robert S. Taylor, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/29/99

DATE

OFFICERS AND DIRECTORS

TITLE D DELETE
NAME MARTHA HERBERT
STREET ADDRESS 18286 SE VILLAGE CIR.
CITY-ST-ZIP TEQUESTA FL

TITLE P DELETE
NAME TAYLOR, ROBERT S.
STREET ADDRESS 34 POPLAR ROAD 296 River Drive
CITY-ST-ZIP TEQUESTA FL 33469-1936

TITLE D DELETE
NAME CASSIDY, LINDA
STREET ADDRESS 18272 SE CASSIA LANE
CITY-ST-ZIP TEQUESTA FL 33469

TITLE D DELETE
NAME KUIPERS, JOHN
STREET ADDRESS 18930 PAINTED LEAF COURT
CITY-ST-ZIP JUPITER FL 33458

TITLE D DELETE
NAME DAVID DOWNING
STREET ADDRESS 320 RIVERSIDE DR.
CITY-ST-ZIP JUNO BEACH FL

TITLE D DELETE
NAME BECK, CAROL
STREET ADDRESS 8228 SE CROFT CIRCLE J-8
CITY-ST-ZIP HOBE SOUND FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D Change Addition
1.2 NAME O'Neal Bardin, Jr
1.3 STREET ADDRESS 90 Fairway East
1.4 CITY-ST-ZIP Tequesta, FL 33469-1905

2.1 TITLE P Change Addition
2.2 NAME Robert S. Taylor
2.3 STREET ADDRESS 296 River Drive
2.4 CITY-ST-ZIP Tequesta, FL 33469-1936

3.1 TITLE D Change Addition
3.2 NAME John Ribnikar
3.3 STREET ADDRESS 161 Spoonbill Ct
3.4 CITY-ST-ZIP Jupiter, FL 33458-8880

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D Change Addition
5.2 NAME Mimi Howard
5.3 STREET ADDRESS 31 Cambria Road
5.4 CITY-ST-ZIP Palm Beach Gardens, FL 33418-7029

6.1 TITLE D Change Addition
6.2 NAME Diane Lange
6.3 STREET ADDRESS 150 Pineview # E-8
6.4 CITY-ST-ZIP Jupiter, FL 33469-3176

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99

Date

(561) 746-4674

Daytime Phone #

CR2E037 (1/98)