## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39258

FILED Mar 10, 2008 Secretary of State

Entity Name: THE EPISCOPAL CHURCH OF THE GOOD SHEPHERD OF TEQUESTA, INC.

Current Pr	incipal Place o	of Business:	New Princi	New Principal Place of Business:			
	OOK ROAD A, FL 33469	US					
Current Mailing Address:			New Mailir	New Mailing Address:			
	OOK ROAD A, FL 33469	US					
FEI Number:	59-1201052	FEI Number Applied For ( )	El Number Not Appli	cable ( )	Certificate of Status Desired	(X)	
Name and	Address of Cเ	ırrent Registered Agent:	Name and	Address of N	lew Registered Agent:		
TAYLOR, ROBERT S REV. 400 SEABROOK ROAD TEQUESTA, FL 33469 US							
The above in the State		ubmits this statement for the purp	ose of changing it	s registered o	ffice or registered agent, o	r both,	
SIGNATUR	E:						
	Electronic	Signature of Registered Agent			Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	T () E GREENE, MIKEL 154 BAYBERRY JUPITER, FL 33	CIRCLE	Title: Name: Address: City-St-Zip:	( )	) Change ()Addition		
Title: Name: Address: City-St-Zip:	P () [ TAYLOR, ROBER 296 RIVER DRIV TEQUESTA, FL	E	Title: Name: Address: City-St-Zip:	( )	) Change ()Addition		
Title: Name: Address: City-St-Zip:	S ()[ BALLARD, ANN 0 19359 GULFSTR TEQUESTA, FL	EAM DR	Title: Name: Address: City-St-Zip:	( )	) Change ()Addition		
Title: Name: Address: City-St-Zip:	D ()E PROSSER, JOHI 11953 174TH CT JUPITER, FL 33	N	Title: Name: Address: City-St-Zip:	( )	) Change ()Addition		
Title: Name: Address: City-St-Zip:	D ()EBNER, RALPH 8144 SE CYPRE HOBE SOUND, F	SS POINT PL	Title: Name: Address: City-St-Zip:	D (X) SCHUPPERT, L 19394 W INDIE TEQUESTA, FL	S LANE		
Title: Name: Address: City-St-Zip:	D ()[ CONNELL, STAN 3303 FAIRWAY I JUPITER, FL 33	DR N	Title: Name: Address: City-St-Zip:	( )	) Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANN BALLARD S 03/10/2008