

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N92000000928 (3)**

1. Corporation Name

**THE EPISCOPAL CHURCH OF THE GOOD SHEPHERD OF VENICE, FLORIDA, INC.**



Principal Place of Business

Mailing Address

1115 CENTER RD  
VENICE FL 34292  
US

1115 CENTER RD  
VENICE FL 34292  
US

3. Date Incorporated or Qualified  
**12/23/1992**

3a. Date of Last Report  
**03/27/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number  
**65-0377487**

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KLEIN, DAVID F  
242 WOODINGHAM TRAIL  
VENICE FL 34292**

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **D KLEIN, DAVID F REV**  
STREET ADDRESS **242 WOODINGHAM TRAIL**  
CITY-ST-ZIP **VENICE FL 34292**

11 TITLE  Change  Addition  
12 NAME **D CHARLES AXTON, CHARLES**  
13 STREET ADDRESS **643 CROSSFIELD CIR.**  
14 CITY-ST-ZIP **VENICE FL 34293**

TITLE  DELETE  
NAME **D FOSTER, ALICE**  
STREET ADDRESS **607 PADULA COURT**  
CITY-ST-ZIP **NOKOMIS FL**

21 TITLE  Change  Addition  
22 NAME **D LOESER, GIL**  
23 STREET ADDRESS **275 BURKE RD.**  
24 CITY-ST-ZIP **VENICE FL 34293**

TITLE  DELETE  
NAME **D NICHOLSON, ROBERT**  
STREET ADDRESS **1904 PEBBLE BEACH COURT**  
CITY-ST-ZIP **VENICE FL**

31 TITLE  Change  Addition  
32 NAME **D NEWTON, FRANK**  
33 STREET ADDRESS **2217 PARKLANE PT.**  
34 CITY-ST-ZIP **VENICE FL 34293**

TITLE  DELETE  
NAME **D BERGMANN, LILLIAN**  
STREET ADDRESS **1045 LEMON BAY DR.**  
CITY-ST-ZIP **VENICE FL**

41 TITLE  Change  Addition  
42 NAME **D WELCH, TONY**  
43 STREET ADDRESS **110 CNEIDA RD.**  
44 CITY-ST-ZIP **VENICE FL 34293**

TITLE  DELETE  
NAME **D GAYGAN, WILLIAM**  
STREET ADDRESS **219 SOUTHAMPTON LN**  
CITY-ST-ZIP **VENICE FL 34293**

51 TITLE  Change  Addition  
52 NAME **TREASURER GAYGAN, William**  
53 STREET ADDRESS **219 Southampton Lane**  
54 CITY-ST-ZIP **VENICE FL 34293**

TITLE  DELETE  
NAME **D CLOWNEY, WILLIAM**  
STREET ADDRESS **6691 MARIUS RD.**  
CITY-ST-ZIP **NORTH PORT FL**

61 TITLE  Change  Addition  
62 NAME **SECRETARY LOESER, CAROL**  
63 STREET ADDRESS **275 BURKE RD.**  
64 CITY-ST-ZIP **VENICE FL 34293**

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:

*William C. Gaygan, Treasurer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
WILLIAM C. GAYGAN

3/7/96  
Date

941-497-1786  
Daytime Phone #

CR2E037 (12/95)