

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Aug 03, 1999 8:00 am**  
**Secretary of State**

08-03-1999 90006 046 \*\*\*\*61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # N92000000928**

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

Principal Place of Business  
 1115 CENTER RD  
 VENICE FL 34292  
 US

Mailing Address  
 1115 CENTER RD  
 VENICE FL 34292  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/23/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0377487	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAHONEY, JOSEPH	1.2 NAME	D AMONETT, Bill
STREET ADDRESS	3360 PAPAYA RD	1.3 STREET ADDRESS	1017 BECKLEY CIRCLE
CITY-ST-ZIP	VENICE FL 34249	1.4 CITY-ST-ZIP	VENICE FL 34249
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY, NANCY	2.2 NAME	D BAXTER, BETTE
STREET ADDRESS	934 CAPRI ISLES BLVD, #109	2.3 STREET ADDRESS	104 INLETS BLVD.
CITY-ST-ZIP	VENICE FL 34292	2.4 CITY-ST-ZIP	NOKONIS FL-34275
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BREGGER, JOHN	3.2 NAME	D COX, DON
STREET ADDRESS	1556 JASPER CT	3.3 STREET ADDRESS	482 LAKE OF THE WOODS DRIVE
CITY-ST-ZIP	VENICE FL 34292	3.4 CITY-ST-ZIP	VENICE FL-34293
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAHONEY, JOSEPH	4.2 NAME	D MACK, DICK
STREET ADDRESS	3360 PAPAYA RD	4.3 STREET ADDRESS	1005 BECKLEY CIRCLE
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP	VENICE FL 34249
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAREY, MARTHA	5.2 NAME	D NICHOLSON, BOB
STREET ADDRESS	412 CERROMAR CIR S	5.3 STREET ADDRESS	224 SOUTHAMPTON DRIVE
CITY-ST-ZIP	VENICE FL 34293	5.4 CITY-ST-ZIP	VENICE FL 34293
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D SMITH, SKIP
STREET ADDRESS		6.3 STREET ADDRESS	763 EGRET WALK LAVE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	VENICE FL 34249

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:** *M. Mahoney* **SIGNATURE REQUIRED** 7-27-99 (941) 497-7286  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)