

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90083 031 \*\*\*\*61.25

**DOCUMENT # N92000000928**

1. Entity Name

**THE EPISCOPAL CHURCH OF THE GOOD SHEPHERD OF VEN**

Principal Place of Business

Mailing Address

1115 CENTER RD  
 VENICE FL 34292  
 US

1115 CENTER RD  
 VENICE FL 34292-3812  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0377487**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **NICHOLSON, BOB**

Street Address (P.O. Box Number is Not Acceptable)  
**224 SOUTHAMPTON DRIVE**

City **VENICE**

**FL**

Zip Code  
**34293**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE **Bob Nicholson - Senior Warden, Director**

**3-27-00**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MAHONEY, JOSEPH</b>	
STREET ADDRESS	<b>3360 PAPAYA RD</b>	
CITY-ST-ZIP	<b>VENICE FL 34292</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KELLY, NANCY</b>	
STREET ADDRESS	<b>934 CAPRI ISLES BLVD, #109</b>	
CITY-ST-ZIP	<b>VENICE FL 34292</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BREGGER, JOHN</b>	
STREET ADDRESS	<b>1556 JASPER CT</b>	
CITY-ST-ZIP	<b>VENICE FL 34292</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>AMONETT, BILL</b>	
STREET ADDRESS	<b>1017 BECKLEY CIR</b>	
CITY-ST-ZIP	<b>VENICE FL 34292</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CAREY, MARTHA</b>	
STREET ADDRESS	<b>412 CERROMAR CIR S</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BAXTER, BETTE</b>	
STREET ADDRESS	<b>104 INLETS BLVD</b>	
CITY-ST-ZIP	<b>NOKOMIS FL 34275</b>	

TITLE	<b>D/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COX, DON</b>	
STREET ADDRESS	<b>482 LAKE OF THE WOODS DRIVE</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MACK, DICK</b>	
STREET ADDRESS	<b>1005 BECKLEY CIRCLE</b>	
CITY-ST-ZIP	<b>VENICE FL 34292</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SMITH, SKIP</b>	
STREET ADDRESS	<b>703 EGRET WALK LANE</b>	
CITY-ST-ZIP	<b>VENICE FL 34292</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARTIN, ANDREW</b>	
STREET ADDRESS	<b>365 CHARLES DRIVE</b>	
CITY-ST-ZIP	<b>NOKOMIS FL 34275</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GOODING, SHIRLEY</b>	
STREET ADDRESS	<b>603 WILD PINE LANE</b>	
CITY-ST-ZIP	<b>VENICE FL 34292</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EVELAND, GIL</b>	
STREET ADDRESS	<b>876 TARTAN DRIVE</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Bob Nicholson**

**3-27-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

