

DOCUMENT # N92000000928  
1. Entity Name  
**THE EPISCOPAL CHURCH OF THE GOOD SHEPHERD OF VEN**

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90041 018 \*\*\*\*61.25

Principal Place of Business      Mailing Address  
1115 CENTER RD  
VENICE FL 34292  
US      1115 CENTER RD  
VENICE FL 34292  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **65-0377487**      Applied For  
Not Applicable

Zip      Country      Zip      Country

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

**NICHOLSON, BOB**  
**224 SOUTHAMPTON DRIVE**  
**VENICE FL 34293**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

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

**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 DT       Delete  
NAME COX, DON  
STREET ADDRESS 482 LAKE OF THE WOODS DRIVE  
CITY-ST-ZIP VENICE FL 34293

TITLE T       Change       Addition  
NAME Cox, Donald  
STREET ADDRESS 482 Lake of the Woods Dr.  
CITY-ST-ZIP Venice, FL 34293

TITLE D       Delete  
NAME MACK, DICK  
STREET ADDRESS 1005 BECKLEY CIRCLE  
CITY-ST-ZIP VENICE FL 34292

TITLE D       Change       Addition  
NAME Groff, Herbert  
STREET ADDRESS 501 Water Lilly Dr.  
CITY-ST-ZIP Venice, FL 34293

TITLE D       Delete  
NAME BREGGER, JOHN  
STREET ADDRESS 1556 JASPER CT  
CITY-ST-ZIP VENICE FL 34292

TITLE D       Change       Addition  
NAME Foster Alice  
STREET ADDRESS 607 Padua Ct.  
CITY-ST-ZIP Nokomis, FL 34275

TITLE D       Delete  
NAME SMITH, SKIP  
STREET ADDRESS 763 EGRET WALK LANE  
CITY-ST-ZIP VENICE FL 34292

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D       Delete  
NAME MARTIN, ANDREW  
STREET ADDRESS 365 CHARLES DRIVE  
CITY-ST-ZIP NOKOMIS FL 34275

TITLE D       Change       Addition  
NAME Eveland, Gill  
STREET ADDRESS 876 Tarton Dr.  
CITY-ST-ZIP Venice, FL 34293

TITLE D       Delete  
NAME GOODING, SHIRLEY  
STREET ADDRESS 603 WILD PINE LANE  
CITY-ST-ZIP VENICE FL 34292

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Robert J. Nicholson*      1-9-01      941-497-7286  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/00)