

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90053 007 ****61.25

DOCUMENT # N92000000928

1. Entity 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

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



DO NOT WRITE IN THIS SPACE

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
The Rev. Richard B. Lampert, D.Min.

Street Address (P.O. Box Number is Not Acceptable)
421 Everglades Dr.

City
Venice, FL Zip Code
34285

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 *ev. Richard B. Lampert, Vicar* 1-11-02

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

TITLE Change Addition
 NAME **David Beall**
 STREET ADDRESS **596 Mossy Creek**
 CITY-ST-ZIP **Venice, FL 34293**

TITLE Delete
 NAME **GROFF, HERBERT**
 STREET ADDRESS **501 WATER LILLY DR.**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE Change Addition
 NAME **Joseph Mahoney**
 STREET ADDRESS **3360 Papaya Road**
 CITY-ST-ZIP **Venice, FL 34293**

TITLE Delete
 NAME **FOSTER, ALICE**
 STREET ADDRESS **607 PADUA CT**
 CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME **Scott Burns**
 STREET ADDRESS **3120 Heron Shores Dr.**
 CITY-ST-ZIP **Venice, FL 34293**

TITLE Delete
 NAME **EVELAND, GILL**
 STREET ADDRESS **876 TARTON DR.**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE 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: *Joseph Mahoney* **Joseph Mahoney** 1-10-02 941-493-2305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)