

**2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Nov 10, 2004  
Secretary of State**

DOCUMENT# N92000000928

Entity Name: THE EPISCOPAL CHURCH OF THE GOOD SHEPHERD OF VENICE, FLORIDA, INC.

**Current Principal Place of Business:**

1115 CENTER RD  
VENICE, FL 34292 US

**New Principal Place of Business:**

**Current Mailing Address:**

1115 CENTER RD  
VENICE, FL 34292 US

**New Mailing Address:**

FEI Number: 65-0377487      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LAMPERT, RICHARD B REV  
421 EVERGLADES DR  
VENICE, FL 34285 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: T      ( ) Delete  
Name: BEALL, DAVID  
Address: 596 MOSSY CREEK  
City-St-Zip: VENICE, FL 34293

Title: D      ( ) Delete  
Name: MAHONEY, JOSEPH  
Address: 3360 PAPAYA RD  
City-St-Zip: VENICE, FL 34293

Title: D      ( ) Delete  
Name: FOSTER, ALICE  
Address: 607 PADUA CT  
City-St-Zip: NOKOMIS, FL 34275

Title: D      ( ) Delete  
Name: BURNS, SCOTT  
Address: 3120 HERON SHORES DR  
City-St-Zip: VENICE, FL 34293

Title: D      ( ) Delete  
Name: HORNBERGER, WILLIAM  
Address: 957 EARBOR TWON DR  
City-St-Zip: VENICE, FL 34293

Title: D      ( ) Delete  
Name: WEBB, BARBARA  
Address: 172 MCCABE ST  
City-St-Zip: PORT CHARLOTTE, FL 33953

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID BEALL

T

11/10/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date