

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 27, 2005
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 ()**

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

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

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

Title: D (X) 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
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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

02/27/2005

Electronic Signature of Signing Officer or Director

_____ Date