

24 JAN 05
2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

03-04-2005 90081 050 ****61.25

DOCUMENT # N97000002886
 1. Entry Name
SHEPHERD OF THE HILLS EPISCOPAL CHURCH, INC.



Principal Place of Business Mailing Address
2540 N NORVELL BRYANT HWY **P.O. BOX 311**
LECANTO FL 34460-0911 **LECANTO FL 34468-0911**
Change address

2. Principal Place of Business
 Suba, Apt. #, etc. **Shepherd of the Hills Episcopal Church**
2540 West Norvell Bryant Highway
 City & State **Lecanto FL 34461**
 Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number **65-0748291** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GOGU II, REV FRANK DWIGAR
77 S. J. KELLNER BLVD.
HOMOSASSA FL 34446

7. Name and Address of New Registered Agent
 Name **GRAYBIEL, LYNN**
 Street Address (P.O. Box Number is Not Acceptable)
4949 E. SPRUCE DRIVE
 City **DUNNELLON FL** Zip Code **34434**

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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE *Lynn Graybiel* DATE **2/29/05**

FILE NOW FEE IS \$81.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P GOGU, FRANK II 77 S. J. KELLNER BLVD BEVERLY HILLS FL 34465	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V GRAYBIEL, LYNN 4949 E. SPRUCE DRIVE DUNNELLON FL 34434	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V KALIX, JOHN 378 S. CROOKED TREE PATH HOMOSASSA FL 34448	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V HOWARD, PATRICIA 2908 N. LANTERN TER HERNANDO FL 34442	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 317, 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: *Lynn Graybiel* DATE **4/25/05** PHONE **352-527-0052**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dwains Phone #