

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000003215

**Entity Name:** THE EPISCOPAL CHURCH OF THE GOOD SHEPHERD OF LAKE WALES, FLORIDA, INC.

**Current Principal Place of Business:**

221 SOUTH FOURTH ST.  
LAKE WALES, FL 33853

**Current Mailing Address:**

221 SOUTH FOURTH ST.  
LAKE WALES, FL 33853

**FEI Number: 59-0766969**

**Certificate of Status Desired: No**

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

NUNEZ, TIMOTHY C  
221 SOUTH FOURTH ST.  
LAKE WALES, FL 33853 US

*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: TIMOTHY C. NUNEZ

01/27/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ASST. SEC/CLERK

Name CARTER, LISA

Address 409 RUBY LAKE PL

City-State-Zip: WINTER HAVEN FL 33884

Title TREASURER

Name CARTER, STEVEN BURROUGHS

Address 409 RUBY LAKE PLACE

City-State-Zip: WINTER HAVEN FL 33884

Title JR WARDEN

Name FRANCK, RUSSELL

Address 3652 HURLBUT CR.

City-State-Zip: LAKE WALES FL 33853

Title CLERK

Name GRAHAM, VICKY

Address 817 THORNBURG RD.

City-State-Zip: BABSON PARK FL 33827

Title SR. WARDEN

Name HELMICK, DANIEL

Address 405 E. HOOKER ST.

City-State-Zip: BARTOW FL 33830

*I hereby 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 all other like empowered.*

SIGNATURE: LISA CARTER

PARISH ADMINISTRATOR 01/27/2023

Electronic Signature of Signing Officer/Director Detail

Date