2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2004
Secretary of State

DOCUMENT# 703409

Entity Name: GOOD SHEPHERD LUTHERAN CHURCH OF TAMPA, FLORIDA,INC.

Current Principal Place of Business:

501 S. DALE MABRY
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

501 S. DALE MABRY
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-0910351 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHAEFER, ROBERT G.
4848 FOXHIRE CIR
TAMPA, FL 33624

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: OXLEY, DEBORAH P
Address: 715 S. ORLEANS AVE
City-St-Zip: TAMPA, FL 33606

Title: PD ( ) Delete
Name: SMIETANSKI, DEBRA
Address: 2913 FAIR OAKS AVE.
City-St-Zip: TAMPA, FL 33611

Title: S ( ) Delete
Name: BROWN, CHERYL
Address: 3622 S. GARDENIA DR.
City-St-Zip: TAMPA, FL 33629

Title: VD ( ) Delete
Name: TAYLOR, DOUG
Address: 3304 W. WALLCRAFT AVE.
City-St-Zip: TAMPA, FL 33611

Title: D ( ) Delete
Name: ANDERSON, DAVID
Address: 4509 W. VASCONIA ST.
City-St-Zip: TAMPA, FL 33629

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:

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: DEBRA SMIETANSKI PD 07/02/2004

Electronic Signature of Signing Officer or Director — Date