2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703409

FILED Feb 16, 2005 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

501 S. DALE MABRY TAMPA, FL 33609

Current Mailing Address: New Mailing Address:

501 S. DALE MABRY TAMPA, FL 33609

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

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

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

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition OXLEY, DEBORAH P DAVIS, DAVID Name: Name: 715 S. ORLEANS AVE Address: 2602 S TORONTO AVE Address:

City-St-Zip: TAMPA, FL 33606 City-St-Zip: TAMPA, FL 336296520

Title: PD () Delete Title: (X) Change () Addition SMIETANSKI, DEBRA Name: MEININGER, STEPHEN Name: Address: 2913 FAIR OAKS AVE. Address: 1033 NORMANDY TRACE RD

City-St-Zip: TAMPA, FL 33611 City-St-Zip: TAMPA, FL 33602

Title: () Delete Title: SD (X) Change () Addition BROWN, CHERYL MACKLEY, MARK Name: Name:

3622 S. GARDENIA DR. 4017 W SAN JUAN ST Address: Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: TAMPA, FL 33629

(X) Change () Addition Title: VD () Delete Title: PD

Name: TAYLOR, DOUG Name: TAYLOR, DOUG Address: 3304 W. WALLCRAFT AVE. Address: 3304 W. WALLCRAFT AVE.

City-St-Zip: TAMPA, FL 33611

TAMPA, FL 33611 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

ANDERSON, DAVID ZISKA, RONALD Name: Name: 4509 W. VASCONIA ST. 2306 S OCCIDENT ST Address: Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: TAMPA, FL 336296434

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: RONALD E. ZISKA D 02/16/2005