2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006
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 US

Name and Address of New Registered Agent:

SCHAEFER, JENNIFER S.
4848 FOXHIRE CIR
TAMPA, FL 33624 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: JENNIFER S SCHAEFER 03/13/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: DAVIS, DAVID
Address: 2602 S TORONTO AVE
City-St-Zip: TAMPA, FL 336296520

Title: VD ( ) Delete
Name: MEININGER, STEPHEN
Address: 1033 NORMANDY TRACE RD
City-St-Zip: TAMPA, FL 33602

Title: SD ( ) Delete
Name: MACKLEY, MARK
Address: 4017 W SAN JUAN ST
City-St-Zip: TAMPA, FL 33629

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

Title: D (X) Delete
Name: ZISKA, RONALD
Address: 2306 S OCCIDENT ST
City-St-Zip: TAMPA, FL 336296434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: OXLEY, DEBORAH
Address: 371 CHANNELSIDE WALK WAY # 301
City-St-Zip: TAMPA, FL 33602

Title: V (X) Change ( ) Addition
Name: MEININGER, STEPHEN
Address: 1033 NORMANDY TRACE RD
City-St-Zip: TAMPA, FL 33602

Title: S (X) Change ( ) Addition
Name: ROBINSON, CHRIS
Address: 2805 W. HAWTHORNE RD
City-St-Zip: TAMPA, FL 33611

Title: P (X) Change ( ) Addition
Name: TAYLOR, DOUG
Address: 3304 W. WALLCRAFT AVE.
City-St-Zip: TAMPA, FL 33611

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 Chapter 119, 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: DEBORAH OXLEY T 03/13/2006
Electronic Signature of Signing Officer or Director Date