

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703409

FILED  
Jul 20, 2007  
Secretary of State

**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

SCHAEFER, JENNIFER S.  
4848 FOXHIRE CIR  
TAMPA, FL 33624      US

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

OXLEY, DEBORAH P  
371 CHANNELSIDE WALK WAY, UNIT 301  
TAMPA, FL 33602      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: DEBORAH OXLEY

07/20/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

**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: P      (X) Change ( ) Addition  
Name: HEISER, STEVEN  
Address: 2902 N. SHOREVIEW PL.  
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify 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

07/20/2007

Electronic Signature of Signing Officer or Director

Date