FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 FEB 23 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 731615 (1)

1. Corporation Name

SHEPHERD OF THE GLADES LUTHERAN CHURCH, INC.

Principal Place of Business
6020 RATTLESNAKE HAMMOCK RD
NAPLES FL 33962

Mailing Address
6020 RATTLESNAKE HAMMOCK RD
NAPLES FL 33962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/15/1975
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-1536422 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 Same as above
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 Same as above
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BRYANT, EDWARD
3301 DAVIS BLVD
APT 205
NAPLES FL 33962

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NELSON, JEFFREY A
STREET ADDRESS	6150 22DN AVE SW
CITY-ST-ZIP	NAPLES FL
TITLE	SD
NAME	WOLFE, JANICE C.
STREET ADDRESS	916 ROSEA CT.
CITY-ST-ZIP	NAPLES FL 33942
TITLE	TD
NAME	REED, SHIRLEY
STREET ADDRESS	132 VERSAILLES CR.
CITY-ST-ZIP	NAPLES FL
TITLE	VD
NAME	BURTCHIN, DONALD
STREET ADDRESS	56 HILO CT
CITY-ST-ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	Pres.	☒ Change ☐ Addition
1 2 NAME	Chris Rasmussen	
1 3 STREET ADDRESS	133 2nd St.	
1 4 CITY-ST-ZIP	Naples, FL 33962	
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS	500001415195	
2 4 CITY-ST-ZIP	-02/24/95--01105--002	
3 1 TITLE	*****61.25 *****61.25	☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE	Nadine Kelly	☒ Change ☐ Addition
4 2 NAME	2859 Mizzen Way	
4 3 STREET ADDRESS	Naples, FL 33942	
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS	TIS. 2/23/95	
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Janice C. Wolfe 02-15-95 1-813-775-0696

Janice C. Wolfe, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #