

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 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 34113-29133. Date Incorporated or Qualified
01/15/19753a. Date of Last Report
02/09/1996

4. FEI Number

59-1536422

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRYANT, EDWARD
3301 DAVIS BLVD
APT 205
NAPLES FL 33962

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 617.0502 and 617.1508, 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 617.0503, 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 P
NAME RASMUSSEN, CHRIS
STREET ADDRESS 133 2ND ST.
CITY - ST - ZIP NAPLES FL 33962☐ DELETETITLE SD
NAME WOLFE, JANICE C.
STREET ADDRESS 916 ROSEA CT.
CITY - ST - ZIP NAPLES FL 33942☒ DELETETITLE TD
NAME REED, SHIRLEY
STREET ADDRESS 132 VERSAILLES CR.
CITY - ST - ZIP NAPLES FL☒ DELETETITLE VD
NAME KELLY, NADINE
STREET ADDRESS 2859 MIZZEN WAY
CITY - ST - ZIP NAPLES FL 33942☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP☐ Change☐ Addition2.1 TITLE SD
2.2 NAME Joanne Hogan
2.3 STREET ADDRESS 5157 Lochwood Ct.,
2.4 CITY - ST - ZIP Naples, FL 34112☒ Change☐ Addition3.1 TITLE TD
3.2 NAME Anne Weil
3.3 STREET ADDRESS 3241 Ruby Red Dr.
3.4 CITY - ST - ZIP Naples, FL 34120☒ Change☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP☐ Change☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP☐ Change☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP☐ Change☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Joanne Hogan, Sec

01/22/97

941-775-0696

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)