

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731615

1. Entity Name

SHEPHERD OF THE GLADES LUTHERAN CHURCH, INC.

Principal Place of Business

Mailing Address

6020 RATTLESNAKE HAMMOCK RD  
NAPLES FL 34113

6020 RATTLESNAKE HAMMOCK RD  
NAPLES FL 34113-2913

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip  
34113

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRYANT, EDWARD  
3301 DAVIS BLVD  
APT 205  
NAPLES FL 33962

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DOBBERSTEIN, ERIK	
STREET ADDRESS	27647 FRANKLIN ST	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HOGAN, M JOANNE	
STREET ADDRESS	5157 LOCHWOOD CT	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BOYD, LINDA	
STREET ADDRESS	5340 TAMARIND RIDGE DR	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DERY, BONNY	
STREET ADDRESS	3201 1ST AVE NW	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERY, Bonny	
STREET ADDRESS	3201 1st Av., NW	
CITY-ST-ZIP	Naples, FL 34120	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, Lorraine	
STREET ADDRESS	5338 Trammel St.	
CITY-ST-ZIP	Naples, FL 34113	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YEARWOOD, Richard	
STREET ADDRESS	442 Laurelwood La,	
CITY-ST-ZIP	Naples, FL 34112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bonny Dery, President  
BONNY DERY

01/31/2000

941-775-0696

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE