

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90046 014 ****61.25

DOCUMENT # 731615

1. Entity Name

SHEPHERD OF THE GLADES LUTHERAN CHURCH, INC.

Principal Place of Business

**6020 RATTLESNAKE HAMMOCK RD
 NAPLES FL 34113**

Mailing Address

**6020 RATTLESNAKE HAMMOCK RD
 NAPLES FL 34113**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1536422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

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 *Rev. Jon P. Culp*

1/15/01

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** ☐ Delete
 NAME **DERY, BONNY**
 STREET ADDRESS **3201 1ST AVE NW**
 CITY-ST-ZIP **NAPLES FL 34120**

TITLE **SD** ☒ Change ☐ Addition
 NAME **Joanne Hogan**
 STREET ADDRESS **5157 Lochwood Ct.**
 CITY-ST-ZIP **Naples, FL 34112**

TITLE **SD** ☒ Delete
 NAME **COOK, LORRAINE**
 STREET ADDRESS **5338 TRAMMEL ST**
 CITY-ST-ZIP **NAPLES FL 34113**

TITLE **TD** ☒ Change ☐ Addition
 NAME **Shirley Reed**
 STREET ADDRESS **132 Versailles Ct**
 CITY-ST-ZIP **naples, FL 34112**

TITLE **TD** ☒ Delete
 NAME **BOYD, LINDA**
 STREET ADDRESS **5340 TAMARIND RIDGE DR**
 CITY-ST-ZIP **NAPLES FL 34116**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **YEARWOOD, RICHARD**
 STREET ADDRESS **442 LAURELWOOD LN**
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Rev. Jon P. Culp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/01

Date

941-775-0696

Daytime Phone #

CR2E037 (10/00)