

2002 UNIFORM BUSINESS REPORT (UBR)

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

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME HOGAN, JOANNE
STREET ADDRESS 5157 LOCHWOOD CT.
CITY-ST-ZIP NAPLES FL 34113

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME REED, SHIRLEY
STREET ADDRESS 132 VERSAILLES CT.
CITY-ST-ZIP NAPLES FL 34112

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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, Cong. Pres. REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90116 023 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)