2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
04-16-2002 90142 021 ****61.25

DOCUMENT # 709161

1. Entity Name

THE LUTHERAN CHURCH OF THE GOOD SHEPHERD INCORPO
RATED

Principal Place of Business	Mailing Address
4770 ORANGE GROVE BLVD. N. FT. MYERS FL 33903	4770 ORANGE GROVE BLVD. N. FT. MYERS FL 33903

830580

DO NOT WRITE IN THIS SPACE

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 59-1227018 ☐ 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
SCHICKOWSKI 2112 W LAKEVIEW BLVD N FT MYERS FL 33903	Name JAMES KELLY - PRESIDENT Street Address (P.O. Box Number is Not Acceptable) 7001 NEW POST RD APT. B 8 City N. FT. MYERS, FL. **FL** Zip Code 33917

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 _____ 2/16/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHICKOWSKI, JAMES 2112 W LAKEVIEW BV FORT MYERS FL 33903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition JAMES KELLY PRESIDENT D 7001 NEW POST RD. APT B-8 N.FT.MYERS,FL. 33917
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD STONE, JOAN 220 SE 16 ST CAPE CORAL FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition GREG HARTLY- V. PRESIDENT D 9050 MOODY RD. ABT 104 N. FT. MYERS, FL. 33903
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HERRICK, STEVEN 155 SE 5TH ST CAPE CORAL FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition DEBORAH LIPPS -TREASURER D 2115 S.E.#RD.ST. CAPE CORAL,FL. 33990
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LIPPS, GRANT 2115 SE 3 ST CAPE CORAL FL 33990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition NANENE KELLY - SECRETARY D 7001 NEW POST RD. APT. B-8 N. FT. MYERS, FL.33917
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP STONE, JACK 220 SE 16 ST CAPE CORAL FL 33990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition LEN SHILLING- FINANCIAL SECRETARY D 5829 LITTLESTONE CT N.FT.MYERS,FL.33903
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PHILLIPS, BRENDA 2123 NE 13TH PL CAPE CORAL FL 33909	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition FRANK MARTIN - PASTOR D 4250 GLASGOW CT. N.FT.MYERS,FL. 33903

CR2E037 (9/01)

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: JAMES KELLY SIGNATURE REQUIRED 2/16/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #