

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 700178 (7)

1. Corporation Name

GOOD SHEPHERD EVANGELICAL LUTHERAN CHURCH OF SAN
FORD, FLORIDA, INCORPORATED

Principal Place of Business

Mailing Address

2917 ORLANDO DRIVE
SANFORD FL 327732917 ORLANDO DRIVE
SANFORD FL 32773-53153. Date Incorporated or Qualified
11/20/19593a. Date of Last Report
03/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, JESSE W
153 VERONA RD.
DEBARY FL 32713

81 Name

Jean Carlson

82

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

338 Humphrey Rd

83

84

City

Lake Mary

FL

85

Zip Code

32746

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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



(NOTE: Registered Agent signature required when reinstating)

4/23/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, JESSE	
STREET ADDRESS	153 VERONA RD	
CITY - ST - ZIP	DEBARY FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jean Carlson	
1.3 STREET ADDRESS	338 Humphrey Rd	
1.4 CITY - ST - ZIP	Lake Mary, FL 32746	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MARTIN, RICHARD	
STREET ADDRESS	117 SUNLAND DRIVE	
CITY - ST - ZIP	SANFORD FL	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

TITLE	TD	<input type="checkbox"/> DELETE
NAME	MARTIN, JUNE	
STREET ADDRESS	117 N SUNLAND DR	
CITY - ST - ZIP	LAKE MARY FL	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, BETTY	
STREET ADDRESS	1286 MULLETT LAKE PK	
CITY - ST - ZIP	GENEVA FL	

4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Tom Scott	
4.3 STREET ADDRESS	208 S Hampton Ct	
4.4 CITY - ST - ZIP	Sanford, FL 32773	

TITLE	D	<input type="checkbox"/> DELETE
NAME	RIVERO, FRAN	
STREET ADDRESS	104 E COLEMAN CIR	
CITY - ST - ZIP	SANFORD FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ERWIN, LYNN	
STREET ADDRESS	973 S. GRANT STREET	
CITY - ST - ZIP	LONGWOOD FL	

6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Lisa Finnerty	
6.3 STREET ADDRESS	10 Orchid Dr	
6.4 CITY - ST - ZIP	DeBary, FL 32713	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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.

SIGNATURE:

June A. Martin JUNE A. Martin

4-22-97

407 921-0561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0014731

CR2E037 (9/96)