

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 32773



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	11/20/1959
4. FEI Number	69-1170047 59-2773625
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

CARLSON, JEAN
338 HUMPHREY RD.
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	CARLSON, JEAN
STREET ADDRESS	338 HUMPHREY RD
CITY-ST-ZIP	LAKE MARY FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	MARTIN, RICHARD
STREET ADDRESS	117 SUNLAND DRIVE
CITY-ST-ZIP	SANFORD FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	MARTIN, JUNE
STREET ADDRESS	117 N SUNLAND DR
CITY-ST-ZIP	LAKE MARY FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	SOOST, TOM
STREET ADDRESS	208 S. HAMPTON CT.
CITY-ST-ZIP	SANFORD FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	RIVERO, FRAN
STREET ADDRESS	104 E COLEMAN CIR
CITY-ST-ZIP	SANFORD FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FINNERTY, LISA
STREET ADDRESS	10 ORCHID DR.
CITY-ST-ZIP	DEBARY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TREAS, CHRISTOPHER J. KERSTING
3.3 STREET ADDRESS	244 BLOOMINGDALE DR,
3.4 CITY-ST-ZIP	DEBARY, FL. 32713
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JUNE MARTIN - FINANCIAL SECRETARY
5.3 STREET ADDRESS	117 N. SUNLAND DR,
5.4 CITY-ST-ZIP	LAKE MARY, FL. 32713
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 G Martin June G Martin 2-18-98 407 321-0861

CR2E037 (10/97)