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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 700178

1. Corporation Name

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

Principal Place of Business

2917 ORLANDO DRIVE
 SANFORD FL 32773

Mailing Address

2917 ORLANDO DRIVE
 SANFORD FL 32773

610136-90004-38 6 *



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/20/1959	
1. Suite, Apt. #, etc.		2b. Suite, Apt. #, etc.		4. FEI Number 59-2773625	
3. City & State		2c. City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
4. Zip		2d. Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Country		Country			

9. Name and Address of Current Registered Agent

CARLSON, JEAN
 338 HUMPHREY RD.
 LAKE MARY FL 32748

10. Name and Address of New Registered Agent

81 Name TOM SOOST
 82 Street Address (P.O. Box Number is Not Acceptable) 208 HAMPTON CT. SE.
 83
 84 City SANFORD FL 32723

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 except the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when relocating)

August 21st 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VP
NAME	CARLSON, JEAN	1.2 NAME	PAV SHARIE
STREET ADDRESS	338 HUMPHREY RD	1.3 STREET ADDRESS	205 DELAWARE DR.
CITY-ST-ZIP	LAKE MARY FL	1.4 CITY-ST-ZIP	DEBARY, FL 32713
TITLE	SD	2.1 TITLE	
NAME	MARTIN, RICHARD	2.2 NAME	
STREET ADDRESS	117 SUNLAND DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	2.4 CITY-ST-ZIP	
TITLE	TR	3.1 TITLE	TD
NAME	KERSTING, CHRISTOPHER	3.2 NAME	MARGARET BOWERS
STREET ADDRESS	244 EL DARADO DRIVE	3.3 STREET ADDRESS	111 HIGHLAND CT.
CITY-ST-ZIP	DEBARY FL 32713	3.4 CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	VD	4.1 TITLE	PD
NAME	SOOST, TOM	4.2 NAME	
STREET ADDRESS	208 S. HAMPTON CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	MARTIN, JUNE	5.2 NAME	
STREET ADDRESS	117 N. SUNLAND DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32773	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	FINNERTY, LISA	6.2 NAME	
STREET ADDRESS	10 ORCHARD DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DEBARY FL	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, with all other like empowered.

SIGNATURE: Margaret Bowers REQUIRED

June 30, 1999 407-322-7312

July 22-199 407 324-4402

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