

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700178

FILED
Jan 06, 2004
Secretary of State**Entity Name:** GOOD SHEPHERD EVANGELICAL LUTHERAN CHURCH OF SANFORD, FLORIDA, INCORPORATED**Current Principal Place of Business:**101 UPSALS RD
SANFORD, FL 32771**New Principal Place of Business:****Current Mailing Address:**PO BOX 1236
SANFORD, FL 327721236**New Mailing Address:****FEI Number:** 59-2773625**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SOOST, TOM
208 HAMPTON CT SO
SANFORD, FL 32773**Name and Address of New Registered Agent:**SOOST, TOM
210 HAMPTON CT SO
SANFORD, FL 32773

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: _____

01/06/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: SHAVER, PAT
Address: 205 DELESPONE DR
City-St-Zip: DEBARY, FL 32713

Title: SD () Delete
Name: MARTIN, RICHARD
Address: 117 SUNLAND DRIVE
City-St-Zip: SANFORD, FL

Title: TD () Delete
Name: BOWERS, MARGARET
Address: 111 HIGHLASND CT
City-St-Zip: LAKE MARY, FL 32746

Title: PD () Delete
Name: SOOST, TOM
Address: 208 S. HAMPTON CT.
City-St-Zip: SANFORD, FL

Title: S () Delete
Name: MARTIN, JUNE
Address: 117 N. SUNLAND DRIVE
City-St-Zip: LAKE MARY, FL 32773

Title: D () Delete
Name: FINNERTY, LISA
Address: 10 ORCHID DR.
City-St-Zip: DEBARY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA FINNERTY

D

01/06/2004

Electronic Signature of Signing Officer or Director

Date