

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90197 002 ****61.25

DOCUMENT # 701303

1. Entity Name
GOOD SHEPHERD LUTHERAN CHURCH OF TITUSVILLE, INC.



40081433

Principal Place of Business
**2073 GARDEN ST
TITUSVILLE, FL 32796**

Mailing Address
**2073 GARDEN ST
TITUSVILLE, FL 32796**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03302007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1113929

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

**HOFFMAN, SANDRA K
6135 WHISPERING LANE
TITUSVILLE, FL 32780**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Sandra K. Hoffman

4-17-07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete
NAME **MASCHERI, DAVID**
STREET ADDRESS **5460 JAMES LANE**
CITY-ST-ZIP **MIMS, FL 32754**

TITLE **VD** ☒ Change ☐ Addition
NAME **McCain, Brad**
STREET ADDRESS **839 Trailwood Ave**
CITY-ST-ZIP **Titusville, FL 32796**

TITLE **TD** ☐ Delete
NAME **BRAY, NANCY**
STREET ADDRESS **3155 TREETOP DR**
CITY-ST-ZIP **TITUSVILLE, FL 32780**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **PALOST, MARGO**
STREET ADDRESS **5001 WALTON AVE.**
CITY-ST-ZIP **TITUSVILLE, FL 32780**

TITLE **SD** ☒ Change ☐ Addition
NAME **Rowett, Betty**
STREET ADDRESS **3280 Kilbee Street**
CITY-ST-ZIP **Mims, FL 32754**

TITLE **PD** ☐ Delete
NAME **COLEMAN, GARRY**
STREET ADDRESS **3406 ROYAL OAK DRIVE**
CITY-ST-ZIP **TITUSVILLE, FL 32780**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Sandra K. Hoffman

4-17-07

321-267-4323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #