


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2008 08:00 AM
Secretary of State

DOCUMENT # 701303 1. Entity Name GOOD SHEPHERD LUTHERAN CHURCH OF TITUSVILLE, INC.	
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Principal Place of Business 2073 GARDEN ST TITUSVILLE, FL 32796	Mailing Address 2073 GARDEN ST TITUSVILLE, FL 32796
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DO NOT WRITE IN THIS SPACE



02292008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1113929	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOFFMAN, SANDRA K 6135 WHISPERING LANE TITUSVILLE, FL 32780
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**DO NOT WRITE
IN THIS SPACE**

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 Sandra K. Hoffman 3-3-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when creating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCAIN, BRAD 839 TRAILWOOD AVE TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRAY, NANCY 3155 TREETOP DR TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROWELT, BETTY 3280 KILBEE ST MIMS, FL 32754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLEMAN, GARRY 3406 ROYAL OAK DRIVE TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000848541
03/20/08-80022-004-61-25

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: Nancy P. Bray, Treasurer 2/29/08 321 867 5288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #