

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701303

FILED
Mar 20, 2009
Secretary of State

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

Current Principal Place of Business:

2073 GARDEN ST
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

2073 GARDEN ST
TITUSVILLE, FL 32796

New Mailing Address:

FEI Number: 59-1113929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MCCAIN, BRAD
Address: 839 TRAILWOOD AVE
City-St-Zip: TITUSVILLE, FL 32796

Title: TD () Delete
Name: BRAY, NANCY
Address: 3155 TREETOP DR
City-St-Zip: TITUSVILLE, FL 32780

Title: SD () Delete
Name: ROWELT, BETTY
Address: 3280 KILBEE ST
City-St-Zip: MIMS, FL 32754

Title: PD () Delete
Name: COLEMAN, GARRY
Address: 3406 ROYAL OAK DRIVE
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MCCAIN, BRAD
Address: 839 TRAILWOOD AVE
City-St-Zip: TITUSVILLE, FL 32796

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

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

Title: PD (X) Change () Addition
Name: MASCHERI, DAVID
Address: 5460 JAMES LANE
City-St-Zip: MIMS, FL 32754

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: NANCY BRAY

TD

03/20/2009

Electronic Signature of Signing Officer or Director

Date