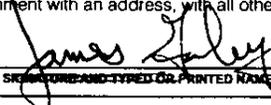


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90038 043 \*\*\*\*61.25

<b>DOCUMENT # 709161</b>					
1. Entity Name <b>THE LUTHERAN CHURCH OF THE GOOD SHEPHERD INCORPORATED</b>					
Principal Place of Business <b>4770 ORANGE GROVE BLVD. N. FT. MYERS, FL 33903</b>			Mailing Address <b>4770 ORANGE GROVE BLVD. N. FT. MYERS, FL 33903</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02142007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-1227018</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>GREIVE, WILLIAM</b> 122 SW 42ND ST CAPE CORAL, FL 33914			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREIVE, WILLIAM</b>			NAME	
STREET ADDRESS	<b>122 SW 42ND ST</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH FT.MYERS, FL 33914</b>			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALSTENSON, JOAN</b>			NAME	
STREET ADDRESS	<b>9442 PALM ISLAND CR</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH FORT MYERS, FL 33903</b>			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOEMLEY, JIM</b>			NAME	<b>TD GOEMLEY, JIM</b>
STREET ADDRESS	<b>20707 ASBURY LN</b>			STREET ADDRESS	<b>20707 Asbury LN</b>
CITY-ST-ZIP	<b>NORTH FORT MYERS, FL 33917</b>			CITY-ST-ZIP	<b>NORTH FORT MYERS, FL 33917</b>
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLOCK, BILLIE</b>			NAME	
STREET ADDRESS	<b>2118 BOLADO PKWY</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CORAL, FL 33990</b>			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHILLING, LEN</b>			NAME	
STREET ADDRESS	<b>5829 LITTLESTONE COURT</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>FORT MYERS, FL 33917</b>			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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.					
<b>SIGNATURE:</b> 			<b>2/15/07</b>		<b>239/995-7211</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

40020036

