

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90007 017 \*\*\*\*61.25

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

<b>DOCUMENT # 709161</b>					
<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 #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-1227018	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Applied For		Not Applicable			
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
GREIVE, WILLIAM 122 SW 42ND ST CAPE CORAL, FL 33914			Name <u>ZIMMERMAN LARRY</u> Street Address (P.O. Box Number is Not Acceptable) <u>2121 SE 10th St</u> City <u>CAPE CORAL</u> FL <u>33990</u>		
<b>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.</b>					
SIGNATURE <u>Larry Zimmerman</u>			DATE <u>2/11/08</u>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <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 checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREIVE, WILLIAM		NAME	ZIMMERMAN, LARRY	
STREET ADDRESS	122 SW 42ND ST		STREET ADDRESS	2121 SE 10th St	
CITY-ST-ZIP	NORTH FT. MYERS, FL 33914		CITY-ST-ZIP	CAPE Coral FL 33990	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALSTENSON, JOAN		NAME		
STREET ADDRESS	9442 PALM ISLAND CR		STREET ADDRESS		
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORMLEY, JIM		NAME		
STREET ADDRESS	20707 ASBURY LN		STREET ADDRESS		
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLOCK, BILLIE		NAME		
STREET ADDRESS	2118 BOLADO PKWY		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33990		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHILLING, LEN		NAME		
STREET ADDRESS	5829 LITTLESTONE COURT		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33917		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		
<b>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: <u>Larry Zimmerman - Treasurer</u>			DATE <u>2/8/08</u> DAYTIME PHONE # <u>239-995-7711</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		