2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709161

FILED Apr 28, 2009 Secretary of State

Entity Name: THE LUTHERAN CHURCH OF THE GOOD SHEPHERD INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

4770 ORANGE GROVE BLVD. N. FT. MYERS, FL 33903

Current Mailing Address: New Mailing Address:

4770 ORANGE GROVE BLVD. N. FT. MYERS, FL 33903

FEI Number: 59-1227018 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ZIMMERMAN, LARRY WANBAUGH, BARRY 2121 SE 10TH ST 59 BARRON WAY

CAPE CORAL, FL 33990 US N. FT. MYERS, FL 33903 US

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: BARRY WANBAUGH 04/28/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP () Delete Title: VP (X) Change () Addition Name: HALSTENSON, JOAN Name: WANBAUGH, BARRY

Address: 9442 PALM ISLAND CR Address: 59 BARRON WAY

City-St-Zip: NORTH FORT MYERS, FL 33903 City-St-Zip: NORTH FORT MYERS, FL 33903

Title: TD () Delete Title: () Change () Addition

 Name:
 GORMLEY, JIM
 Name:

 Address:
 20707 ASBURY LN
 Address:

 City-St-Zip:
 NORTH FORT MYERS, FL 33917
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 KLOCK, BILLIE
 Name:

 Address:
 2118 BOLADO PKWY
 Address:

 City-St-Zip:
 CAPE CORAL, FL 33990
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 SCHILLING, LEN
 Name:

 Address:
 5829 LITTLESTONE COURT
 Address:

 City-St-Zip:
 FORT MYERS, FL 33917
 City-St-Zip:

Title: PD (X) Delete Title: () Change () Addition

 Name:
 ZIMMERMAN, LARRY
 Name:

 Address:
 2121 SE 10TH ST
 Address:

 City-St-Zip:
 CAPE CORAL, FL 33990
 City-St-Zip:

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: BARRY WANBAUGH VP 04/28/2009