

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90021 048 ****61.25

DOCUMENT # 731615 1. Entity Name SHEPHERD OF THE GLADES LUTHERAN CHURCH, INC.					
Principal Place of Business 6020 RATTLESNAKE HAMMOCK RD NAPLES, FL 34113			Mailing Address 6020 RATTLESNAKE HAMMOCK RD NAPLES, FL 34113		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number 59-1536422				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRYANT, EDWARD 3301 DAVIS BLVD APT 205 NAPLES, FL 33962			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to: Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BASSETT, DONALD 6580 BEACH RESORT DR. #3 NAPLES, FL 34114	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WARDLE, JOANN 6660 BEACH RESORT DR. NAPLES, FL 34114	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WELSH, THOMAS 248 SABAL LAKE DR. NAPLES, FL 34104	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, JEANNE 1025 MAINSAIL DR. #205 NAPLES, FL 34114	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FINS RODDY, MARTIN 1860 WATSON RD. MARCO ISLAND, FL 34145	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Donald K. Bassett</u> DONALD K. BASSETT <u>01-19-05</u> <u>239-774-3699</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					