

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90001 049 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132006

Chg-NP

CR2E037 (11/05)

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

7. Name and Address of New Registered Agent

BRYANT, EDWARD
3301 DAVIS BLVD
APT 205
NAPLES, FL 33962

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)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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	P	<input checked="" type="checkbox"/> Delete
NAME	BASSETT, DONALD	
STREET ADDRESS	6580 BEACH RESORT DR. #3	
CITY-ST-ZIP	NAPLES, FL 34114	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WARDLE, JOANN	
STREET ADDRESS	6660 BEACH RESORT DR.	
CITY-ST-ZIP	NAPLES, FL 34114	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WELSH, THOMAS	
STREET ADDRESS	248 SABAL LAKE DR.	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JONES, JEANNE	
STREET ADDRESS	1025 MAINSAIL DR. #205	
CITY-ST-ZIP	NAPLES, FL 34114	
TITLE	FINS	<input type="checkbox"/> Delete
NAME	RODDY, MARTIN	
STREET ADDRESS	1860 WATSON RD.	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, HARIO	
STREET ADDRESS	271 Riverwood Dr.	
CITY-ST-ZIP	Naples, FL 34114	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORKIIMO, BARBARA	
STREET ADDRESS	159 Seven Seas Way	
CITY-ST-ZIP	Naples, FL 34104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

Thomas D. Welsh

Thomas D. Welsh, Treasurer

02/19/2006 239-348-0016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #