


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90051 027 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1536422	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, HARLO		NAME	Bonnie Brisky	
STREET ADDRESS	271 RIVERWOOD DR		STREET ADDRESS	994 Tivoli Lane	
CITY-ST-ZIP	NAPLES, FL 34114		CITY-ST-ZIP	Naples, FL 34104	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORKIIMO, BARBARA		NAME	Harlo Peterson	
STREET ADDRESS	159 SEVEN SEAS WY		STREET ADDRESS	271 Riverwood Dr.	
CITY-ST-ZIP	NAPLES, FL 34104		CITY-ST-ZIP	Naples, FL 34114	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELSH, THOMAS		NAME	Harley Hilger	
STREET ADDRESS	248 SABAL LAKE DR.		STREET ADDRESS	190 Pebble Beach Blvd, #105	
CITY-ST-ZIP	NAPLES, FL 34104		CITY-ST-ZIP	Naples, FL 34113	
TITLE	FINS	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODDY, MARTIN		NAME	Marjean Cossette	
STREET ADDRESS	1860 WATSON RD.		STREET ADDRESS	142 Bennington Dr. Apt.#2	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	Naples, FL 34104	
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		
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.					
SIGNATURE: <i>Harley A. Hilger</i> Harley A. Hilger			Date: 01/20/2008 (239) 775-0696		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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