

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 30 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 737843 (3)**  
1. Corporation Name  
**THE EVANGELICAL LUTHERAN CHURCH OF THE GOOD SHEP  
HERD**



Principal Place of Business <b>10891 102ND AVENUE SEMINOLE FL 33778 US</b>	Mailing Address <b>10891 102ND AVE NO SEMINOLE FL 34648</b>
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3. Date Incorporated or Qualified <b>01/17/1977</b>	
4. FEI Number <b>59-1087048</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State <b>33778</b> 28 Zip <b>33778</b> 29 Country
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**9. Name and Address of Current Registered Agent**

**JULIUS, JAMES  
11933 72ND AVENUE NORTH  
SEMINOLE FL 33772**

**10. Name and Address of New Registered Agent**

81 Name <b>Michael Besel</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>8220 112th St. N. #210</b>
83 City <b>Seminole</b> <b>FL</b> 85 Zip Code <b>33772</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Michael Besel (NOTE: Registered Agent signature required when forming) **Michael Besel** DATE **1-22-98**

**12. OFFICERS AND DIRECTORS**

TITLE <b>P</b> <input type="checkbox"/> DELETE	NAME <b>RUBUSH, MARGARET</b>
STREET ADDRESS <b>10031 OAKHURST ROAD</b>	CITY-ST-ZIP <b>SEMINOLE FL</b>
TITLE <b>VD</b> <input checked="" type="checkbox"/> DELETE	NAME <b>TRIPP, TERRY</b>
STREET ADDRESS <b>11752 KAY COURT</b>	CITY-ST-ZIP <b>LARGO FL</b>
TITLE <b>T</b> <input checked="" type="checkbox"/> DELETE	NAME <b>JULIUS, JAMES</b>
STREET ADDRESS <b>11933 72ND AVENUE NORTH</b>	CITY-ST-ZIP <b>SEMINOLE FL</b>
TITLE <b>SD</b> <input checked="" type="checkbox"/> DELETE	NAME <b>LAVINE, LINDA</b>
STREET ADDRESS <b>8248 131ST WAY N</b>	CITY-ST-ZIP <b>SEMINOLE FL</b>
TITLE <input type="checkbox"/> DELETE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME
STREET ADDRESS	CITY-ST-ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS <b>9681 119th Way N.</b>
1.4 CITY-ST-ZIP <b>Seminole FL 33772</b>
2.1 TITLE <b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Lois Smith</b>
2.3 STREET ADDRESS <b>11488 83rd Ave. N.</b>
2.4 CITY-ST-ZIP <b>Seminole FL 33772</b>
3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>Michael Besel</b>
3.3 STREET ADDRESS <b>8200 112th St. N. #210</b>
3.4 CITY-ST-ZIP <b>Seminole FL 33772</b>
4.1 TITLE <b>SD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>Richard Fee</b>
4.3 STREET ADDRESS <b>9823 Ashley Drive</b>
4.4 CITY-ST-ZIP <b>Seminole FL 33772</b>
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Margaret Rubush **MARGARET RUBUSH** DATE **1-22-98** 813-398-3767

CR2E037 (10/97)