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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 737843

1. Corporation Name

THE EVANGELICAL LUTHERAN CHURCH OF THE GOOD SHEP HERD

Principal Place of Business

10891 102ND AVENUE SEMINOLE FL 33778 US

Mailing Address

10891 102ND AVE NO SEMINOLE FL 33778 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

01/17/1977

4. FEI Number

59-1087048

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SESEL, MICHAEL 8220 112TH ST N #210 SEMINOLE FL 33772

10. Name and Address of New Registered Agent

81 Name

Richard L. Hehl

82 Street Address (P.O. Box Number is Not Acceptable)

116 Buttonwood Circle

83

Seminole, Florida 33777

84 City

Seminole

FL

85 Zip Code

33777

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

Richard L. Hehl

Richard L. Hehl, Business Mgr.

Feb. 26, 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

Table with 5 rows of officer information including titles (P, VD, T, SD), names (RUBUSH, MARGARET; SMITH, LOIS; BESEL, MICHAEL; FEE, RICHARD), and addresses.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 6 rows of addition/change information including titles (PD, VD, TD, SD), names (BETTS, DAVID; SCOTT, TERESA; SMITH, LOIS), and addresses.

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, with all other like empowered.

SIGNATURE:

Lois Smith

Feb. 26, 1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)