

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90029 016 ****61.25

DOCUMENT # 749265

1. Entity Name

SHEPHERD OF THE HILLS LUTHERAN CHURCH, INC.



Principal Place of Business

37015 ORANGE VALLEY LANE
DADE CITY FL 33525

Mailing Address

37015 ORANGE VALLEY LANE
DADE CITY FL 33525



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

2nd MOORE

CR2E037 (4/06)

4. FEI Number

59-1908856

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROTHGEB, CAROL M
6920 OAK CREST WAY
ZEPHYRHILLS FL 33542

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)

DATE

FILE NOW: FEE IS \$61.25
Due By September 6, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	THIES, JACK	
STREET ADDRESS	4532 BLOSSOM BLVD.	
CITY - ST - ZIP	ZEPHYRHILLS FL 33541	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WEIL, PAUL F	
STREET ADDRESS	6026 ZEPHYR RIDGE DR.	
CITY - ST - ZIP	ZEPHYRHILLS FL 33542	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BECKUM, JANET	
STREET ADDRESS	38626 MONET DR	
CITY - ST - ZIP	ZEPHYRHILLS FL 33540	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROTHGEB, CAROL M	
STREET ADDRESS	6920 OAK CREST WAY	
CITY - ST - ZIP	ZEPHYRHILLS FL 33542	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13213 PALMILLA CIRCLE	
CITY - ST - ZIP	DADE CITY, FL 33525	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SELENA SEMANCO	
STREET ADDRESS	38244 MARGO COURT	
CITY - ST - ZIP	ZEPHYRHILLS, FL 33540	
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/06 9137798441