

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00295 (8)
1. Corporation Name
GOOD SHEPHERD LUTHERAN CHURCH OF CHIEFLAND, INC.



Principal Place of Business
**C/O ROBERT LAWSON
P.O. BOX 834
CHIEFLND FL 32626**

Mailing Address
**C/O ROBERT LAWSON
P.O. BOX 834
CHIEFLND FL 32626**

3. Date Incorporated or Qualified
12/12/1983

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2344760

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

9. Name and Address of Current Registered Agent

**LAWSON, ROBERT
N.W. 11TH AVE AND COUNTRY RD #464
CHIEFLND FL 32626**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

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

Signature: typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD ANDERS, CHARLES**

STREET ADDRESS **PO BOX 1565 N/A**

CITY-ST-ZIP **CHIEFLND FL 32626**

TITLE ☐ DELETE

NAME **VD EATON, MAURICE**

STREET ADDRESS **RT 3 BOX 684**

CITY-ST-ZIP **WILLISTON FL 32696**

TITLE ☒ DELETE

NAME **S LAWSON, PENNY**

STREET ADDRESS **ROUTE 2, BOX 590**

CITY-ST-ZIP **CHIEFLND FL**

TITLE ☐ DELETE

NAME **FS MERTZ, ILENE**

STREET ADDRESS **14170 NW 76TH AVE.**

CITY-ST-ZIP **CHIEFLND FL 32626**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☒ Change ☐ Addition

32 NAME **SD SNYDER, PHIL**

33 STREET ADDRESS **P.O. Box 661 N/A**

34 CITY-ST-ZIP **BELL FL 32619**

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Charles Anders **CHARLES ANDERS, Pres** 3/6/96 352-493-1703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

13-27-1996