

**FILED**  
**Jul 23, 1999 8:00 am**  
**Secretary of State**

07-23-1999 90007 041 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N00295</b>			
1. Corporation Name <b>GOOD SHEPHERD LUTHERAN CHURCH OF CHIEFLAND, INC.</b>			
Principal Place of Business C/O ROBERT LAWSON HWY 19 N CHIEFLAND FL 32644 US		Mailing Address C/O ROBERT LAWSON P.O. BOX 2090 CHIEFLAND FL 32644 US	
2. Principal Place of Business 21 193-03 NW 43rd Place Highway 19 North Suite, Apt. #, etc.		2a. Mailing Address 28 P. O. Box 2090 Suite, Apt. #, etc.	
22 City & State 23 Chiefland, Florida		27 City & State 28 Chiefland, Florida	
24 Zip 32644 25 Country Levy		29 Zip 32644 30 Country Levy	
9. Name and Address of Current Registered Agent LAWSON, ROBERT N.W. 11TH AVE AND COUNTRY RD #484 CHIEFLAND 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	
85 FL		86 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPO	1.1 TITLE	vacant Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERS, CHARLES	1.2 NAME	
STREET ADDRESS	PO BOX 1565 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLAND FL 32644	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EATON, MAURICE	2.2 NAME	
STREET ADDRESS	193-03 NW 43rd Place	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLAND FL 32644	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGNOL, KATHY	3.2 NAME	
STREET ADDRESS	P O BOX 992 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLAND FL 32644	3.4 CITY-ST-ZIP	
TITLE	FS	4.1 TITLE	Financial Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERTZ, ILENE	4.2 NAME	Vera M. Stokes
STREET ADDRESS	14170 NW 78TH AVE.	4.3 STREET ADDRESS	HC 2 Box 406
CITY-ST-ZIP	CHIEFLAND FL 32626	4.4 CITY-ST-ZIP	Old Town, Florida 32680
TITLE	Sandra Connolly	5.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS	3470 NW 160th Street	5.3 STREET ADDRESS	
CITY-ST-ZIP	Trenton, Florida 32693	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

*Maurice Eaton*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Maurice Eaton, President

July 11, 1999

1 352 486 6342

Date

Daytime Phone #

CR2E037 (5/99)