


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2004 8:00 am**  
**Secretary of State**

01-14-2004 90011 025 \*\*\*\*61.25

<b>DOCUMENT # N00295</b> 1. Entity Name <b>GOOD SHEPHERD LUTHERAN CHURCH OF CHIEFLAND, INC.</b>					
Principal Place of Business <b>143-03 N.W. 143RD PLACE HIGHWAY 19 NORTH CHIEFLAND, FL 32644 US</b>			Mailing Address <b>P.O. BOX 2090 CHIEFLAND, FL 32644</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-2344760</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LAWSON, ROBERT 10851 NW 75TH AVE CHIEFLAND, FL 32626</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LAWSON, ROBERT</b>		NAME		
STREET ADDRESS	<b>10551 N.W. 75TH AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CHIEFLAND, FL 32626</b>		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SEBRING, ANNA</b>		NAME		
STREET ADDRESS	<b>HC 1, BOX 276</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>OLD TOWN, FL 32680</b>		CITY-ST-ZIP		
TITLE	FSD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>LAWSON, PENNY</b>		NAME	<b>FSD</b>	
STREET ADDRESS	<b>11150 N.W. 129TH PLACE</b>		STREET ADDRESS	<b>Irby, Teresa</b>	
CITY-ST-ZIP	<b>CHIEFLAND, FL 32626</b>		CITY-ST-ZIP	<b>7151 NW 165th St</b>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CONNOLLY, SANDRA</b>		NAME		
STREET ADDRESS	<b>3470 N.W. 160TH STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TRENTON, FL 32693</b>		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>AGNOLI, KATHY</b>		NAME		
STREET ADDRESS	<b>P.O. BOX 992</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CHIEFLAND, FL 32644</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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.					
<b>SIGNATURE:</b> <i>Robert W. Lawson</i> <b>ROBERT W. LAWSON</b>			<b>1/13/04</b> <b>352-493-0418</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		