2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 14, 2004 8:00 am Secretary of State 01-14-2004 90011 025 ****61 25

DOCUMENT # N00295 1. Entity Name GOOD SHEPHERD LUTHERAN CHURCH OF CHIEFLAND, INC. Principal Place of Business Maifing Address									. 41 y U		
143-03 N.W. 143RD PLACE P.O. BOX 2090 HIGHWAY 19 NORTH CHIEFLAND, FL 32644 US CHIEFLAND, FL 32644				ŀ							
2. Principal Place of Business		3. Mailing Address							HI BILL BILL LI		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			. <u> </u>	01092004	Chg-NP	CR2E0	37 (10/03)		
City & State		City & State					4. FEI Number 59-2344		·	No	oplied For ot Applicable
Zip	Country	Zip	· .	Co	ıntry	<u> </u>	5. Certificate of	f Status Desire	ed 🗆	\$8.75 Add Fee Require	ditional d
<u> </u>	6. Name and Address of Curren	t Registere	d Agent)		7. Name and	Address of Ne	w Registered	Agent	
LAWSON, ROBERT 10851 NW 75THA VE CHIEFLAND, FL 32626					Name Street A	ddress (ss (P.O. Box Number is Not Acceptable)				
_ 3			٠.		City		· · ·		FL	Zip Cod	e
	named entity submits this statement tions of registered agent.	<u></u>			·				·	TOTTIMEN WIGH,	
	Signature, typed or printed name of registered age	nt and the it app	icable. (NOTE	E: Registere	d Agent signat	ure required	when reinstaling)		DATE		<u></u>
	Filing Fee Is \$61,25 Due by May 1, 2004	nt and the it app	9. Election Car Trust Fund C	npaign F	Inancing	ure required	\$5.00 May Be Added to Fees			k payable t	
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i.e. interests certify that the information supplied with this filing does not quality 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.

SIGNATURE: Policy W. Lawson RUBERT W. LAWSON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/04

352-493-0418

Date

Daytime Phone #