2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 04, 2005 8:00 am
Secretary of State
01-25-2005 90046 040 ****61.25

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01112005 Chg-NP CR2E037 (10/03)

DOCUMENT # N00295

1. Entity Name
GOOD SHEPHERD LUTHERAN CHURCH OF CHIEFLAND, INC.

Principal Place of Business	Mailing Address
143-03 N.W. 143RD PLACE HIGHWAY 19 NORTH CHIEFLAND, FL 32644 US	P.O. BOX 2090 CHIEFLAND, FL 32644

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 59-2344760 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAWSON, ROBERT 10851 NW 75THA VE CHIEFLAND, FL 32626	Name: ROBINSON, CECIL Street Address (P.O. Box Number is Not Acceptable): 6100 NW 50th Street City: Bell FL Zip Code: 32619

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: Robert W. Lawson Cecil Robenson 3-1-05 1/12/05 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
Robert W. Lawson

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LAWSON, ROBERT 10551 N.W. 75TH AVENUE CHIEFLAND, FL 32626	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Robinson, Cecil 6100 NW 50th Street Bell, Fl 32619	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SEBRING, ANNA HC 1, BOX 276 OLD TOWN, FL 32680	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FSD IRBY, TERESA 7151 NW 165TH ST TRENTON, FL 32693	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FSDinson, Beth Robinson, Beth 6100 NW 50th Street Bell, Florida 32619	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CONNOLLY, SANDRA 3470 N.W. 160TH STREET TRENTON, FL 32693	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD AGNOLI, KATHY P.O. BOX 992 CHIEFLAND, FL 32644	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Beegle, Earl 11390 NW 86th Court Chiefland, Florida 32626	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: Robert W. Lawson 1/12/05 352-493-0418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT W. LAWSON

Cecil Robenson 3-1-05 3869353711