

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90143 007 ****61.25

DOCUMENT # N00295

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



Principal Place of Business
**143-03 N.W. 143RD PLACE
HIGHWAY 19 NORTH
CHIEFLAND, FL 32644 US**

Mailing Address
**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

02132006

Chg-NP

CR2E037 (11/05)

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

**ROBINSON, CECIL
6100 NW 50TH STREET
BELL, FL 32619**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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 PD ☐ Delete
NAME ROBINSON, CECIL
STREET ADDRESS 6100 NW 50TH STREET
CITY-ST-ZIP BELL, FL 32619

TITLE Secretary ☐ Change ☒ Addition
NAME Martha Sanders
STREET ADDRESS 2709 SW CR307A
CITY-ST-ZIP Trenton, FL 32693

TITLE SD ☒ Delete
NAME SEBRING, ANNA
STREET ADDRESS HC 1, BOX 276
CITY-ST-ZIP OLD TOWN, FL 32680

TITLE Treasurer ☒ Change ☐ Addition
NAME Beth Robinson
STREET ADDRESS 6100 NW 50th St.
CITY-ST-ZIP Bell, FL 32619

TITLE FSD ☐ Delete
NAME ROBINSON, BETH
STREET ADDRESS 6100 NW 50TH STREET
CITY-ST-ZIP BELL, FL 32619

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME CONNOLLY, SANDRA
STREET ADDRESS 3470 N.W. 160TH STREET
CITY-ST-ZIP TRENTON, FL 32693

TITLE Financial Secretary ☐ Change ☒ Addition
NAME Donna Viera
STREET ADDRESS 4 NE 415 Ave.
CITY-ST-ZIP Old Town, FL 32680

TITLE VD ☐ Delete
NAME BEEGLE, EARL
STREET ADDRESS 11390 NW 86TH COURT
CITY-ST-ZIP CHIEFLAND, FL 32626

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Cecil Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-03-06 352-542-5086

Date

Daytime Phone #