

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00295

FILED
Apr 29, 2008
Secretary of State

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

Current Principal Place of Business:

14303 NW HWY 19
CHIEFLAND, FL 32626 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2090
CHIEFLAND, FL 32644

New Mailing Address:

FEI Number: 59-2344760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROBINSON, CECIL
Address: 6100 NW 50TH STREET
City-St-Zip: BELL, FL 32619

Title: T () Delete
Name: ROBINSON, BETH
Address: 6100 NW 50TH ST
City-St-Zip: BELL, FL 32619

Title: FS () Delete
Name: VIERA, DONNA
Address: 4 NE 415TH AVE
City-St-Zip: OLD TOWN, FL 32680

Title: VD () Delete
Name: BEEGLE, EARL
Address: 11390 NW 86TH COURT
City-St-Zip: CHIEFLAND, FL 32626

Title: S () Delete
Name: SANDERS, MARTHA
Address: 2709 SW CR307A
City-St-Zip: TRENTON, FL 32693

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CECIL ROBINSON

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date