

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00295

FILED  
Apr 21, 2009  
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: PD (X) Change ( ) Addition  
Name: BEEGLE, EARL  
Address: 11390 NW 86TH COURT  
City-St-Zip: CHIEFLAND, FL 32626

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

Title: FS (X) Change ( ) Addition  
Name: MOLITOR, JUDY  
Address: P.O. BOX 444  
City-St-Zip: CEDAR KEY, FL 32625

Title: VD (X) Change ( ) Addition  
Name: DADSWELL, DAVID  
Address: 11384 NW 113TH ST.  
City-St-Zip: CHIEFLAND, FL 32626

Title: S (X) Change ( ) Addition  
Name: REAVES, MARTHA  
Address: 14251 NW 66 AVE.  
City-St-Zip: CHIEFLAND, FL 32626

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: BETH ROBINSON

T

04/21/2009

Electronic Signature of Signing Officer or Director

Date