

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90026 010 \*\*\*\*61.25

**DOCUMENT # N07000006735**

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



Principal Place of Business  
**1475 S. WALNUT ST.  
STARKE, FL 32091**

Mailing Address  
**P. O. BOX 217  
STARKE, FL 32091-0217**

2. Principal Place of Business - No P.O. Box #  
**331 N. Church Street**

3. Mailing Address  
**Suite, Apt. #, etc.**

City & State  
**Starke, FL**

City & State  
**Starke, FL**

Zip  
**32091**

Country  
**USA**

40008887



01072008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**74-3221748**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**NIES, EDWIN R  
22586 NW CR 235  
LAKE BUTLER, FL 32054**

**7. Name and Address of New Registered Agent**

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 Edwin R. Nies *Edwin R. Nies* **1-22-08**  
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, 2008**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NIES, EDWIN R 22586 NW CR 235 LAKE BUTLER, FL 32054	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOWEN, LINDA M 5166 NW 181 WAY STARKE, FL 32091	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROLF, JUNE E 152 SE ELM LOOP LAKE CITY, FL 320256470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELVAGGIO, VICTOR J 8300 NW CR 225 STARKE, FL 32091	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEIMAN, DAVID L 3700 NW 174TH ST. STARKE, FL 320914407	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: June E. Rolf *June E. Rolf* **1-22-08** **386-961-8846**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #