

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006735

FILED  
Jan 31, 2009  
Secretary of State

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

**Current Principal Place of Business:**

331 N. CHURCH STREET  
STARKE, FL 32091

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 217  
STARKE, FL 320910217

**New Mailing Address:**

**FEI Number:** 74-3221748

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NIES, EDWIN R  
22586 NW CR 235  
LAKE BUTLER, FL 32054 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: NIES, EDWIN R  
Address: 22586 NW CR 235  
City-St-Zip: LAKE BUTLER, FL 32054

Title: SD ( ) Delete  
Name: DOWEN, LINDA M  
Address: 5166 NW 181 WAY  
City-St-Zip: STARKE, FL 32091

Title: TD ( ) Delete  
Name: ROLF, JUNE E  
Address: 152 SE ELM LOOP  
City-St-Zip: LAKE CITY, FL 320256470

Title: D ( ) Delete  
Name: SELVAGGIO, VICTOR J  
Address: 8300 NW CR 225  
City-St-Zip: STARKE, FL 32091

Title: S ( ) Delete  
Name: NEIMAN, DAVID L  
Address: 3700 NW 174TH ST.  
City-St-Zip: STARKE, FL 320914407

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: SD (X) Change ( ) Addition  
Name: KANGAS, GARY  
Address: 4615 TARRAGON AVENUE  
City-St-Zip: MIDDLEBURG, FL 32068

Title: TD (X) Change ( ) Addition  
Name: SELVAGGIO, KATHY A  
Address: 8300 NW COUNTY RD 225  
City-St-Zip: STARKE, FL 32091

Title: VD (X) Change ( ) Addition  
Name: SELVAGGIO, VICTOR J  
Address: 8300 NW CR 225  
City-St-Zip: STARKE, FL 32091

Title: S (X) Change ( ) Addition  
Name: DOWEN, LINDA M  
Address: 5166 NW 181 WAY  
City-St-Zip: STARKE, FL 32091

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: KATHY A. SELVAGGION

TD

01/31/2009

Electronic Signature of Signing Officer or Director

Date