

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006735

FILED
Jan 18, 2012
Secretary of State

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

Current Principal Place of Business:

4900 NW 182ND. WAY
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:

SELVAGGIO, KATHY
8300 NW COUNTY ROAD 225
STARKE, FL 32091 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
Name: KANGAS, GARY
Address: 4613 TARRAGON AVENUE
City-St-Zip: MIDDLEBURG, FL 32068

Title: VD
Name: KAUFMANN, PAUL
Address: PO BOX 728
City-St-Zip: KEYSTONE, FL 3232656

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

Title: SD
Name: PETTIT, LON
Address: 555 NE 8TH. AVENUE
City-St-Zip: LAKE BUTLER, FL 32054

Title: ELD
Name: SELVAGGIO, VICTOR J
Address: 8300 NW COUNTY ROAD 225
City-St-Zip: STARKE, FL 32091

Title: FS
Name: WILKINSON, PAULA
Address: 5089 NW 181 WAY
City-St-Zip: STARKE, FL 32091

I hereby 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 all other like empowered.

SIGNATURE: KATHY SELVAGGIO

TD

01/18/2012

Electronic Signature of Signing Officer or Director

Date