

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000153

FILED  
Jan 20, 2009  
Secretary of State

**Entity Name:** EMILY HODGSON GOOD SHEPHERD LUTHERAN SCHOOL FOUNDATION, INC.

**Current Principal Place of Business:**

4257 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32563

**New Principal Place of Business:**

**Current Mailing Address:**

4257 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32563

**New Mailing Address:**

**FEI Number:** 26-1596954

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EGLI, ARNOLD  
2556 COVE ROAD  
NAVARRE, FL 32566 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: P ( ) Delete  
Name: EGLI, ARNOLD  
Address: 2556 COVE ROAD  
City-St-Zip: NAVARRE, FL 32566

Title: T ( ) Delete  
Name: STROHMEIER, DAVE  
Address: 1393 TIGER LAKE DR  
City-St-Zip: GULF BREEZE, FL 32563

Title: T ( ) Delete  
Name: WEYNN, JOHN  
Address: 4173 SERENCA WAY  
City-St-Zip: GULF BREEZE, FL 32563

Title: T ( ) Delete  
Name: KIMMEL, GEORGE  
Address: 300 FAIRPOINT DR  
City-St-Zip: GULF BREEZE, FL 32561

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

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

Title: VP (X) Change ( ) Addition  
Name: WRYNN, JOHN  
Address: 4173 SERENCA WAY  
City-St-Zip: GULF BREEZE, FL 32563

Title: T (X) Change ( ) Addition  
Name: STROHMEIER, DAVID  
Address: 4278 CONRADINA DRIVE  
City-St-Zip: GULF BREEZE, FL 32563

Title: S (X) Change ( ) Addition  
Name: EGLI, JAN  
Address: 2556 COVE ROAD  
City-St-Zip: NAVARRE, FL 32566

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: ARNOLE EGLI

P

01/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date