

FILE NOW: FILING FEE IS \$61.25

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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N08339** (6)
1. Corporation Name
GOOD SHEPHERD LUTHERAN CHURCH, HERNANDO, INC.



Principal Place of Business 439 E NORVELL BRYANT HWY HERNANDO FL 34442 US	Mailing Address 439 E NORVELL BRYANT HWY HERNANDO FL 34442
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 03/25/1985	4. FEI Number 59-2441028	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent WERNLUND, ROY 4368 W. PANSY LN. BEVERLY HILLS FL 34465
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10. Name and Address of New Registered Agent 81 Name DAVID S. HOLT 82 Street Address (P.O. Box Number is Not Acceptable) 1302 E. HARTFORD ST 83 84 City HERNANDO FL 85 Zip Code 34442
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE David S. Holt **DAVID S. HOLT, President of Church Council** 1/12/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	WERNLAND, ROY
STREET ADDRESS	4368 W. PANSY LN
CITY-ST-ZIP	BEVERLY HILLS FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	FALLANCA, GERRI
STREET ADDRESS	770 E. MORNINGSTAR LN.
CITY-ST-ZIP	HERNANDO FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	LANGLOIS, MARIAN
STREET ADDRESS	23 S.J. KELLNER BLVD.
CITY-ST-ZIP	BEVERLY HILLS FL
TITLE	TT <input checked="" type="checkbox"/> DELETE
NAME	MIDDLESWORTH, DICK
STREET ADDRESS	1241 W. STAFFORD ST.
CITY-ST-ZIP	HARNANDO FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	LINDSTROM, CLYDE
STREET ADDRESS	662 E. BUCKINGHAM DR.
CITY-ST-ZIP	LECANTO 34461
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	GRAHAM, BILL
STREET ADDRESS	4160 N. INDIANHEAD RD.
CITY-ST-ZIP	HARNANDO 34442

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DAVID S. HOLT
1.3 STREET ADDRESS	1302 E. HARTFORD ST
1.4 CITY-ST-ZIP	HERNANDO FL 34442
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BARBARA MURRAY
2.3 STREET ADDRESS	900 N. LAFAYETTE WAY
2.4 CITY-ST-ZIP	INVERNESS FL 34453
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HERBERT HDELL
3.3 STREET ADDRESS	6001 DOWNERAY LOOP
3.4 CITY-ST-ZIP	CRYSTAL RIVER FL 34429
4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SHIRLEY HEBBSTREIT
4.3 STREET ADDRESS	335 CHASE ST
4.4 CITY-ST-ZIP	HERNANDO FL 34442
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David S. Holt **DAVID S. HOLT** 1/12/98 352 860-1415

CR2E037 (10/97)