


FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90075 032 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08339

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 32642


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/25/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2441028	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

~~WERNER, ROY~~
~~4888 W. PANGLEN~~
~~BEVERLY HILLS FL 34405~~

10. Name and Address of New Registered Agent

81 Name	Eugene FALK
82 Street Address (P.O. Box Number is Not Acceptable)	2156 E. New Haven St.
83	Inverness, FL 34453
84 City	FL
85 Zip Code	

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

Eugene Falk
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/10/99 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLT, DAVID S	1.2 NAME	Eugene FALK
STREET ADDRESS	1302 E HARTFORD ST	1.3 STREET ADDRESS	2156 E. New Haven St.
CITY-ST-ZIP	HERNANDO FL 34442	1.4 CITY-ST-ZIP	Inverness, FL 34453
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V.P. VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, BARBARA	2.2 NAME	ORLAND KRUG
STREET ADDRESS	900 N LAFAYETTE WAY	2.3 STREET ADDRESS	261 E. Hartford St.
CITY-ST-ZIP	INVERNESS FL 34453	2.4 CITY-ST-ZIP	Hernando, FL 34442
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	HDELL, HERBERT	3.2 NAME	
STREET ADDRESS	6061 DOUNERAY LOOP	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Treas. TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEBESTREIT, SHIRLEY	4.2 NAME	Sally Pyles
STREET ADDRESS	335 CHASE ST	4.3 STREET ADDRESS	628 E. Charleston Ct.
CITY-ST-ZIP	HERNANDO FL 34442	4.4 CITY-ST-ZIP	Hernando, FL 34442
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Sally Pyles* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99

Date

Daytime Phone #

CR2E037 (11/98)