

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV 29 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N08339**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 2004

4. FEI Number
59-2441028

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ASHBY, C EDWARD
489 E NORVELL BRYANT HWY
HERNANDO, FL 34442**

Name **Frederick C. Ohsiek**

Street Address (P.O. Box Number is Not Acceptable)

439 E. Norvell Bryant Hwy.

City **Hernando**

FL Zip Code **34442**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11-24-04

**FILE NOW!!! FEE IS \$236.25
After January 1, 2005, Fee will be \$297.50**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **ASHBY, C EDWARD**
STREET ADDRESS **4671 N PINE VALLEY LP**
CITY-ST-ZIP **LECANTO, FL 34461**

TITLE **Pres.** ☒ Change ☐ Addition
NAME **Kenneth M. Swade**
STREET ADDRESS **771 N. Lafayette Way**
CITY-ST-ZIP **Inverness, FL 34453**

TITLE **VPD** ☐ Delete
NAME **HOCH, RONALD**
STREET ADDRESS **3759 N MUSCADINE PATH**
CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

TITLE **V.P.** ☒ Change ☐ Addition
NAME **Judith Knecht**
STREET ADDRESS **3141 M. Thornapple Ter.**
CITY-ST-ZIP **Beverly Hills, FL 34465**

TITLE **SD** ☐ Delete
NAME **SWENSON, JAMES P**
STREET ADDRESS **3983 E LAKE HERNANDO LANE**
CITY-ST-ZIP **HERNANDO, FL 34442**

TITLE **Secre.** ☒ Change ☐ Addition
NAME **Betty Marshick**
STREET ADDRESS **2765 E. Harley St.**
CITY-ST-ZIP **Inverness, FL 34453**

TITLE **TD** ☐ Delete
NAME **BURKMAN, WILLIAM**
STREET ADDRESS **19120 SW 101ST PLACE RD**
CITY-ST-ZIP **DUNNELLON, FL 34432**

TITLE **Treas.** ☒ Change ☐ Addition
NAME **Sally Pyles**
STREET ADDRESS **628 E. Charleston Ct.**
CITY-ST-ZIP **Hernando, FL 34442**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SALLY L. Pyles**

11-23-04 352-746-7161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #