

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90155 006 \*\*\*\*61.25

**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

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

OHSIEK, FREDERICK  
439 E NORVELL BRYANT HWY  
HERNANDO FL 34442

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SWADE, KENNETH	
STREET ADDRESS	771 N. LAFAYETTE WAY	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE	V	<input type="checkbox"/> Delete
NAME	KNECHT, JUDITH	
STREET ADDRESS	3141 M. THORNAPPLE TERRACE	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARSHICK, BETTY	
STREET ADDRESS	2765 E. HARLEY STREET	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PYLES, SALLY	
STREET ADDRESS	628 E. CHARLESTON COURT	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Swartz, Kathleen	
STREET ADDRESS	1680 N. Di Maggio Path	
CITY-ST-ZIP	Hernando, FL 34442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Frederick C. Ohsiek*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 3, 2005 353-746-7161*  
Date Daytime Phone #