

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08339

FILED
Mar 16, 2009
Secretary of State

Entity Name: GOOD SHEPHERD LUTHERAN CHURCH, HERNANDO, INC.

Current Principal Place of Business:

439 E NORVELL BRYANT HWY
HERNANDO, FL 34442 US

New Principal Place of Business:

Current Mailing Address:

439 E NORVELL BRYANT HWY
HERNANDO, FL 32642

New Mailing Address:

FEI Number: 59-2441028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTER, SEEFELD
439 E NORVELL BRYANT HWY
HERNANDO, FL 34442 US

Name and Address of New Registered Agent:

SWARTZ, KATHLEEN K TREASUR
439 E NORVELL BRYANT HWY
HERNANDO, FL 34442 US

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: KATHLEEN K. SWARTZ

03/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SEEFELD, WALTER
Address: 17 N COLUMBUS ST
City-St-Zip: BEVERLY HILLS, FL 34465

Title: VP () Delete
Name: FOSSE, BARBARA
Address: 322 MICKEY MANTLE PATH
City-St-Zip: HERNANDO, FL 34442

Title: S () Delete
Name: GUENSLE, PATRICIA
Address: 115 E. HARTFORD ST. #1B
City-St-Zip: HERNANDO, FL 34442

Title: T () Delete
Name: SWARTZ, KATHLEEN
Address: 1680 ND MAGGIO PATH
City-St-Zip: HERNANDO, FL 34442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MESLOW, SANDRA
Address: 484 W. LIBERTY ST
City-St-Zip: HERNANDO, FL 34442

Title: VP (X) Change () Addition
Name: JACKSON, DENIS
Address: 4562 E. SHOREWOOD DR
City-St-Zip: HERNANDO, FL 34442

Title: S (X) Change () Addition
Name: BLASS, YVONNE
Address: 372 E. KELLER CT
City-St-Zip: HERNANDO, FL 34442

Title: T (X) Change () Addition
Name: SWARTZ, KATHLEEN
Address: 1680 N. DI MAGGIO PATH
City-St-Zip: HERNANDO, FL 34442

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: KATHLEEN K. SWARTZ

T

03/16/2009

Electronic Signature of Signing Officer or Director

Date