


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90032 040 \*\*\*\*61.25

<b>DOCUMENT # N26723</b>					
1. Entity Name SHEPHERD OF THE COAST EVANGELICAL LUTHERAN CHURCH OF PALM COAST, FLORIDA, INC.					
Principal Place of Business 101 PINELAKES PKWY PALM COAST, FL 32164 US		Mailing Address 101 PINELAKES PKWY PALM COAST, FL 32164 US			
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 59-2873204	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BIRNEY, JOHN 116 BREEZEHILL LANE PALM COAST, FL 32137			Name <u>HAHN, WARREN</u> Street Address (P.O. Box Number is Not Acceptable) <u>3624 CHRISTA CT</u> City <u>ORMAND BEACH</u> FL Zip Code <u>32174</u>		
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 <u>Warren A. Hahn</u>		PRESIDENT		02-06-06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BIRNEY, JOHN 116 BREEZEHILL LANE PALM COAST, FL 34137 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAHN, WARREN 3624 CHRISTA CT ORMAND BEACH, FL 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAHM, CHARLES 220 W WATERSIDE PKWY PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNTHANK, DALE 35 GALEMONT DR FLAGLER BEACH, FL 32138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. 25 GALEMONT DRIVE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUDDLESTON, AL 24 COCONUT CT PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MICHAELS, RAY 8 HICKORY LN FLAGLER BEACH, FL 32136 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHODES, DICK 11 PARKWAY DRIVE PALM COAST, FL 32164 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S UNTHANK, NORMA 25 GALEMONT DR FLAGLER BEACH, FL 32138 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DENBY LIZ 70 LAFARE STREET PALM COAST, FL 32137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Charles Hahn</u>		CHARLES HAHM		2/7/06 (386) 446-2481	
Signature and typed or printed name of signing officer or director		Date		Daytime Phone #	