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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

1999

DIVISION OF CORPORATIONS

DOCUMENT # N9400003130 1. Corporation Name									
GOOD SHEPHERD LUTHERAN CHURCH OF SEBRING, INC.					1				
Principal Place of Business Mailing Address							<u> </u>		
4348 SCHUMACHER ROAD SEBRING FL 33872		5341 LIME RD. SEBRING FL 33872 US	SEBRING FL 33872						
2. Principal F	Place of Business	2a. Mailing Address			3. Date Inco	orporated or Qualifed	,		
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			4. FEI Numi	per		Apr	olied For
22	·	27			65-050	8593			Applicable
City & Stat 23		City & State			5. Certifcate	of Status Desired		\$8.75 A Fee Rec	
Zip	Country	Zip	Country	y	1	Campaign Financing	' 🗆	\$5.00	•
24	25 9. Name and Address of Currer	29 30	0			d Contribution d Address of New	Posistered	Added to	Fees
	- Name and Address of Curren	it Kegisteleu Agent	81	Name	io. Name an	d Address of New	Registered	Agent	
WEED 14	MES I IR		-	D					
WEED, JAMES L JR. 5341 LIME RD.			82	Street A	dress (P.O. Box N	umber is Not Accept	lable)		
SEBRING FL 33872			83	1					
			84	City				85 Zip C	ode
14 Decree	to the \$ Coeff \$17.000	30 and 647 4500 Florida Olahum	4b = -b = 1			El- adada	FL	,	
office or r	to the provisions of Sections 617.050 registered agent, or both, in the State	of Florida. Such change was auth	horized by	the corpor	rporation submits t ition's board of dire	nis statement for the ctors. I hereby acce	purpose or pt the appoi	changing its r ntment as reg	registered jistered
-	am familiar with, and accept the obliga	ations of, Section 617.0503, Florid	a Statutes	S ,					;
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Re	egistered Ager	nt signature req	ired when reinstating)		DATE		
12,	OFFICERS AN	ND DIRECTORS	13.		ADDITION	S/CHANGES TO OF	FICERS AN	D DIRECTOR	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	}				Change	☐ Addition
NAME	VAN DUZER, WILLIAM H REV.	ļ	1.2 NAME	J					
STREET ADDRESS	,,,,,,,,,,,			TADDRESS					
CITY-ST-ZIP TITLE	LAKE PLACID FL 33852	☐ DELÉTE	1.4 CITY-S 2.1 TITLE	ST-ZIP				Change	Addition
NAME	PD SILKE, HENRY		2.1 TILLE 2.2 NAME	1				[] Change	[_] Addigon
STREET ADDRESS			1	TADDRESS					
CITY-ST-ZIP	SEBRING FL		2.4 CITY-S						
TITLE	SD	☐ DELETE	3.1 TITLE	21-121				Change	Addition
NAME	HENRY, ALBERTINE		3.2 NAME	İ					
STREET ADDRESS			3.3 STREE	TADDRESS					
CITY-ST-ZIP_	SEBRING FL 33872		3.4. CITY-S	ST-ZIP					
TITLE	TD	☐ DELETE	4.1 TITLE					Change	Addition
NAME	WEED, CAROL		4.2 NAME						
STREET ADDRESS	, ++ 		4.3 STREET	TADDRESS					
CITY-ST-ZIP	SEBRING FL		4.4 CITY-S	T-ZIP					
TITLE	D	☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME	WEED, JAMES L JR.		5.2 NAME	TADODECC					
STREET ADDRESS	5341 LIME ROAD Sebring Fl		5.4 CITY-S	T ADDRESS					
CITY-ST-ZIP TITLE	SEBRING FL	☐ DELETE	6.1 TITLE	1-21				Change	Addition
NAME			6.2 NAME						
STREET ADDRESS				TADDRESS					i
			0.4.0004.00	T 710					ĺ

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 lith an address, with all other like empowered.

SIGNATURE: