

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90017 034 ****61.25

DOCUMENT # N94000003130

1. Entity Name
**GOOD SHEPHERD LUTHERAN CHURCH OF SEBRING,
INC.**



Principal Place of Business
**4348 SCHUMACHER ROAD
SEBRING, FL 33872**

Mailing Address
**5341 LIME RD.
SEBRING, FL 33872 US**

44022867



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0508593

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**WEED, JAMES L JR.
5341 LIME RD.
SEBRING, FL 33872**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **VAN DUZER, WILLIAM H REV.**
STREET ADDRESS **230 ORANGE ROAD, NW**
CITY-ST-ZIP **LAKE PLACID, FL 33852**

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

TITLE **D** ☐ Delete
NAME **SILKE, HENRY**
STREET ADDRESS **3407 DIVOT RD**
CITY-ST-ZIP **SEBRING, FL 33872**

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

TITLE **D** ☐ Delete
NAME **SILKE, CAROL**
STREET ADDRESS **2407 DOVOT DR**
CITY-ST-ZIP **SEBRING, FL 33872**

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

TITLE **D** ☐ Delete
NAME **STOCK, BARBARA**
STREET ADDRESS **2016 N JAKE SEBRING DR**
CITY-ST-ZIP **SEBRING, FL 33870**

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

TITLE **D** ☐ Delete
NAME **WEED, JAMES L JR.**
STREET ADDRESS **5341 LIME ROAD**
CITY-ST-ZIP **SEBRING, FL**

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

TITLE **P** ☒ Delete
NAME **SMITH, BEVERLY B**
STREET ADDRESS **222 7TH STREET**
CITY-ST-ZIP **LAKE PLACID, FL 33852**

TITLE **S** ☐ Change ☒ Addition
NAME **CAROL HOYT**
STREET ADDRESS **1026 N.W. LAKEVIEW DRIVE**
CITY-ST-ZIP **SEBRING, FL 33870**

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:

James L Weed Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/04 (863)385-2346
Date Daytime Phone #