2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2008
Secretary of State

DOCUMENT# N95000003469

Entity Name: THE GOOD SHEPHERD UNITED METHODIST CHURCH OF LAKELAND, INC.

Current Principal Place of Business:

2815 N GALLOWAY ROAD
LAKELAND, FL 33810

New Principal Place of Business:

Current Mailing Address:

2815 N GALLOWAY ROAD
LAKELAND, FL 33810

New Mailing Address:

FEI Number: 59-2979664 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCNEIL, MARVIN
5053 SWINDELL RD
LAKELAND, FL 33810 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	MCNEIL, MARVIN	
Address:	5053 SWINDELL RD	
City-St-Zip:	LAKELAND, FL 33810	
Title:	D	( ) Delete
Name:	RHONEMUS, RUTH	
Address:	219 JAY AVE	
City-St-Zip:	LAKELAND, FL 33815	
Title:	T	( ) Delete
Name:	KRAUSE, PATRICIA A	
Address:	1735 QUAIL RUN	
City-St-Zip:	LAKELAND, FL 33810	
Title:	D	( ) Delete
Name:	SPRESSER, CLESTON	
Address:	403 MINNEHAHA TRAIL	
City-St-Zip:	LAKELAND, FL 33803	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: PATRICIA A. KRAUSE T 03/29/2008

Electronic Signature of Signing Officer or Director — Date