### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00295

Entity Name: GOOD SHEPHERD LUTHERAN CHURCH OF CHIEFLAND, INC.

**FILED** Apr 28, 2015 **Secretary of State** CC3349812529

### **Current Principal Place of Business:**

14303 NW HWY 19 CHIEFLAND, FL 32626

# **Current Mailing Address:**

P.O. BOX 2090

CHIEFLAND, FL 32644

FEI Number: 59-2344760 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

REEVES, MARTHA 14251 NW 66 AVE. CHIEFLAND, FL 32626 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: MARTHA REEVES 04/28/2015

Electronic Signature of Registered Agent

Date

### Officer/Director Detail:

Title Title

REEVES, MARTHA Name MANFREADY, BARBARA Name 14251 NW 66 AVE. Address 7250 NE 138TH LANE Address City-State-Zip: NEWBERRY FL 32669 CHIEFLAND FL 32626 City-State-Zip:

Title VD Title FS

Name DADSWELL, DAVID MOLITOR, JUDY Name Address 11384 NW 113TH ST. Address P.O. BOX 444 CHIEFLAND FL 32626 City-State-Zip:

Title S

City-State-Zip:

LUCAS. MARIE Name 4970 NW 73 STREET Address City-State-Zip: CHIEFLAND FL 32626

CEDAR KEY FL 32625

I hereby 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 all other like empowered.

SIGNATURE: BARBARA MANFREADY

**TREASURER** 

04/28/2015