

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00295

Entity Name: GOOD SHEPHERD LUTHERAN CHURCH OF CHIEFLAND, INC.**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****03/30/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	REEVES, MARTHA
Address	14251 NW 66 AVE.
City-State-Zip:	CHIEFLAND FL 32626

Title	T
Name	LUCAS, ILA MARIE
Address	4970 NW 73RD STREET
City-State-Zip:	CHIEFLAND FL 32626

Title	FS
Name	MOLITOR, JUDY
Address	P.O. BOX 444
City-State-Zip:	CEDAR KEY FL 32625

Title	S
Name	ROBINSON, BETH
Address	6100 NW 50TH STREET
City-State-Zip:	BELL FL 32619

Title	VP
Name	ROBINSON, CECIL
Address	6100 NW 50TH STREET
City-State-Zip:	BELL FL 32619

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: ILA M. LUCAS**TREASURER****03/30/2016**

Electronic Signature of Signing Officer/Director Detail

Date