

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90852 006 ****61.25

DOCUMENT # 703409

1. Entity Name

GOOD SHEPHERD LUTHERAN CHURCH OF TAMPA, FLORIDA, INC.

Principal Place of Business

Mailing Address

501 S. DALE MABRY
TAMPA FL 33609

501 S. DALE MABRY
TAMPA FL 33609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0910351

Applied For

Not Applicable

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

SCHAEFER, ROBERT G.
4848 FOXHIRE CIR
TAMPA FL 33624

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMIETANSKI, DEBRA 2913 PAIR OAKS AVENUE TAMPA FL 33611	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, DAVID 4509 W. VASCONIA ST. TAMPA FL 33629	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICHARDSON, SANDRA 6212 W. HAROLD AVE TAMPA FL 33616	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZISKA, RONALD 2306 S. Occident St. Tampa, FL 33629-6434	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRACHSEL, PAT 3909 W. SAN CARLOS ST. TAMPA FL 33629	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Ronald E. Ziska RONALD E. ZISKA 4/10/02 813-286-2023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)