

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 703409

FILED
May 28, 2003
Secretary of State

Entity Name: GOOD SHEPHERD LUTHERAN CHURCH OF TAMPA, FLORIDA, INC.

Current Principal Place of Business:

501 S. DALE MABRY
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

501 S. DALE MABRY
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-0910351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHAEFER, ROBERT G.
4848 FOXHIRE CIR
TAMPA, FL 33624

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: TD () Delete
Name: ZISKA, RONALD
Address: 2306 S. OCCIDENT ST.
City-St-Zip: TAMPA, FL 336296434

Title: PD () Delete
Name: ANDERSON, DAVID
Address: 4509 W. VASCONIA ST.
City-St-Zip: TAMPA, FL 33629

Title: SD () Delete
Name: RICHARDSON, SANDRA
Address: 6212 W. HAROLD AVE
City-St-Zip: TAMPA, FL 33616

Title: VD () Delete
Name: TRACHSEL, PAT
Address: 3909 W. SAN CARLOS ST.
City-St-Zip: TAMPA, FL 33629

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: OXLEY, DEBORAH P
Address: 715 S. ORLEANS AVE
City-St-Zip: TAMPA, FL 33606

Title: PD (X) Change () Addition
Name: SMIETANSKI, DEBRA
Address: 2913 FAIR OAKS AVE.
City-St-Zip: TAMPA, FL 33611

Title: S (X) Change () Addition
Name: BROWN, CHERYL
Address: 3622 S. GARDENIA DR.
City-St-Zip: TAMPA, FL 33629

Title: VD (X) Change () Addition
Name: TAYLOR, DOUG
Address: 3304 W. WALLCRAFT AVE.
City-St-Zip: TAMPA, FL 33611

Title: D () Change (X) Addition
Name: ANDERSON, DAVID
Address: 4509 W. VASCONIA ST.
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DEBORAH P. OXLEY

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05/28/2003

Electronic Signature of Signing Officer or Director

Date