2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0011901

FILED

03 JUN -2 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000006773

1. Entity Name

THE GOOD ~~SHEPHERD~~ SHEPHERD CHRISTIAN CHURCH, INC.

Principal Place of Business	Mailing Address
2054 N. SEMORON BLVD STE 120 WINTER PARK FL 32792	1072 SUGARBERRY TRAIL OVIEDO FL 32765

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2054 N. Semoran Blvd	
Suite, Apt. #, etc.: Ste. 120	Suite, Apt. #, etc.
City & State: Winter Park, FL	City & State
Zip: 32792 Country	Zip Country

4. FEI Number 59-3695014 ☐ 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
AGUILAR, OSVALDO REV. 1072 SUGARBERRY TRAIL OVIEDO FL 32765	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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P AGUILAR, OSVALDO REV. 1072 SUGARBERRY TRAIL OVIEDO FL 32765	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100020531541 06/04/03--01062--017 **70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AGUILAR, CARMEN REV. 1072 SUGARBERRY TRAIL OVIEDO FL 32765	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CANCEL, LUIS A REV. 12429 MARLEIGH CT. ORLANDO FL 32825	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CANCEL, AIDA L REV. 12429 MARLEIGH CT. ORLANDO FL 32825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: Luis A Cancel SIGNATURE REQUIRED Rev. Osvaldo Aguilar 4/25/03 (407) 971-9550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #