

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003558

1. Entity Name

SHEPHERDS OF CHRIST MINISTRIES, INC.

Principal Place of Business

2919 SHAWHAN ROAD
MORROW OH 45152

Mailing Address

2919 SHAWHAN ROAD
MORROW OH 45152

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

61-1275118

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEHRTER, EMILY
3083 KAPOK KOVE DRIVE
CLEARWATER FL 33759

7. Name and Address of New Registered Agent

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

Emily Lehter

2-12-2002

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

TITLE PD
NAME WEICKERT, JOHN D
STREET ADDRESS 5761 WINDERMERE LANE
CITY-ST-ZIP FAIRFIELD OH 45014 ☐ Delete

TITLE VD
NAME LEHRTER, STEVE
STREET ADDRESS 612 MAPLE DRIVE
CITY-ST-ZIP READING OH 45215 ☐ Delete

TITLE SD
NAME MACKEY, MARY-ANN
STREET ADDRESS 4643 JOANA PLACE
CITY-ST-ZIP CINCINNATI OH 45238 ☒ Delete

TITLE TD
NAME ARLINGHAUS, MICHAEL
STREET ADDRESS 11723 SCHMIDT LANE
CITY-ST-ZIP WALTON KY 41094 ☐ Delete

TITLE D
NAME NOE, MELANIE
STREET ADDRESS 6007 PINEVIEW LANE
CITY-ST-ZIP CINCINNATI OH 45247 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
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:

John Weickert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

513-932-6781

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)