

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

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90166 038 \*\*\*\*61.25

**DOCUMENT # 700178**

1. Entity Name

**GOOD SHEPHERD EVANGELICAL LUTHERAN CHURCH OF SAN  
FORD, FLORIDA, INCORPORATED**



Principal Place of Business

**2917 ORLANDO DRIVE  
SANFORD FL 32773**

Mailing Address

**2917 ORLANDO DRIVE  
SANFORD FL 32773**

2. Principal Place of Business

**101 Upstate Rd**

3. Mailing Address

**P.O. Box 1234**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SANFORD, FL**

City & State

**SANFORD, FL**

Zip

**32771**

Country

**USA**

Zip

**32772-1234**

Country

**USA**

4. FEI Number **59-2773625**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SOOST, TOM  
208 HAMPTON CT SO  
SANFORD FL 32773**

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. 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

**1-16-03**

**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

TITLE **VD** ☐ Delete  
NAME **SHAVER, PAT**  
STREET ADDRESS **205 DELESPONE DR**  
CITY-ST-ZIP **DEBARY FL 32713**

TITLE **SD** ☐ Delete  
NAME **MARTIN, RICHARD**  
STREET ADDRESS **117 SUNLAND DRIVE**  
CITY-ST-ZIP **SANFORD FL**

TITLE **TD** ☐ Delete  
NAME **BOWERS, MARGARET**  
STREET ADDRESS **111 HIGHLAND CT**  
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **PD** ☐ Delete  
NAME **SOOST, TOM**  
STREET ADDRESS **208 S. HAMPTON CT.**  
CITY-ST-ZIP **SANFORD FL**

TITLE **S** ☐ Delete  
NAME **MARTIN, JUNE**  
STREET ADDRESS **117 N. SUNLAND DRIVE**  
CITY-ST-ZIP **LAKE MARY FL 32773**

TITLE **D** ☐ Delete  
NAME **FINNERTY, LISA**  
STREET ADDRESS **10 ORCHID DR.**  
CITY-ST-ZIP **DEBARY FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

**SIGNATURE REQUIRED**

**1-16-03**

**407-324-4402**

CR2E037 (10/02)