

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90118 017 ****70.00

DOCUMENT # 737843

1. Entity Name

THE EVANGELICAL LUTHERAN CHURCH OF THE GOOD SHEP

Principal Place of Business

Mailing Address

10891 102ND AVENUE
 SEMINOLE FL 33778
 US

10891 102ND AVE NO
 SEMINOLE FL 33778-4208
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1087048**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

HEHL, RICHARD L
116 BUTTONWOOD CIRCLE
SEMINOLE FL 33777

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:
SEE 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 Delete
 NAME **PD BETTS, DAVID**
 STREET ADDRESS **7790 DOVER COURT**
 CITY-ST-ZIP **ST PETERSBURGH FL 33709**

TITLE Change Add
 NAME **PD Buehler, Wayne**
 STREET ADDRESS **7650 132nd Way N.**
 CITY-ST-ZIP **Seminole, FL 33776**

TITLE Delete
 NAME **VD SCOTT, TERESA**
 STREET ADDRESS **10195 SAILWINDS BLVD N 105**
 CITY-ST-ZIP **LARGO FL 33773**

TITLE Change Add
 NAME **VD Wood, Dr. Stephen**
 STREET ADDRESS **12363 Oakwind Place**
 CITY-ST-ZIP **Seminole, FL 33772**

TITLE Delete
 NAME **TD BESEL, MICHAEL**
 STREET ADDRESS **8200 112TH ST N #2120**
 CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE Change Add
 NAME **TD Besel, Michael**
 STREET ADDRESS **8305 111th Street N., #101**
 CITY-ST-ZIP **Seminole, FL 33772**

TITLE Delete
 NAME **SD SMITH, LOIS**
 STREET ADDRESS **11488-83RD AVE N**
 CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE Change Add
 NAME **SD Theis, Alfred Jr.**
 STREET ADDRESS **10381 Todd Circle**
 CITY-ST-ZIP **Largo, FL 33778**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Add
 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:

Michael Besel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00

Date

727/391-4644
 727/391-2614
 Daytime Phone #