

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741988

1. Entity Name

GOOD SHEPERD MINISTRIES, INC.

Principal Place of Business

3003 MASSACHUSETTS AVE.  
WASHINGTON DC 20008

Mailing Address

3003 MASSACHUSETTS AVE.  
WASHINGTON DC 20008

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SCHOFIELD, RUTH  
4601 SOUTH SHORE ROAD  
ORLANDO FL 32809

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

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

After September 13, 2000 min. will be \$236.25

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 SCHOFIELD, RUTH  
STREET ADDRESS 4601 S. SHORE ROAD  
CITY-ST-ZIP ORLANDO FL 32809 ☐ Delete

TITLE VD  
NAME SCHOFIELD, BRAD  
STREET ADDRESS 1205 W CAROLYN  
CITY-ST-ZIP MT. PLEASANT TX 75455 ☐ Delete

TITLE STD  
NAME SCHOFIELD, FRED  
STREET ADDRESS 6112 HOUSTON COURT  
CITY-ST-ZIP ALEXANDRIA VA 22310 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
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:

*Ruth Schofield* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-00

Date

202.462.3966

Daytime Phone #

FILED  
Sep 18, 2000 8:00 am  
Secretary of State

09-18-2000 90148 033 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR02EN37 (5/00)