FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 22, 2001 8:00 am Secretary of State DOCUMENT # F9300003420 1. Entity Name 01-22-2001 90126 006 \*\*\*\*61.25 GOOD SHEPHERD WORLD OUTREACH, INC. Principal Place of Business Mailing Address 5019 ROLLING MEADOW DR 8330 N. SOCRUM LOOP RD UVUUDUSH LAKELAND FL 33809 LAKELAND FL 33809 2. Principal Place of Business 3. Mailing Address 8330 N. Socrum Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 39-1630168 Not Applicable akelan Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Polk <u> 33</u>809 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent s (P.O. Box Number is Not Acceptable) 27 Jennifer Drive Street Addre TAYLOR, PAUL **5019 ROLLING MEADOW DR** LAKELAND FL 33809 City Zip Code 33810 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 ールーロし SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. CR2E037 (10/00) TITLE ☐ Delete TITLE Change ☐ Addition Taylor, Paul Address TAYLOR, PAUL NAME NAME 2727 Jennifer Dr STREET ADDRESS STREET ADDRESS **5019 ROLLING MEADOW DR** CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL Lakeland, FL 33810 Change Addition TITLE ☐ Delete TITLE Taylor, Norite 2727 Jennifer Drive NAME TAYLOR, NORITA NAME Address STREET ADDRESS STREET ADDRESS 5019 ROLLING MEADOW DR CITY-ST-ZIP CITY-ST-ZIP Lakeland, FL 33810 LAKELAND FL TITLE ☐ Delete TITLE Change ☐ Addition LUNDBLAD, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 4912 1ST ST NW CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL TITLE ☐ Delete TITLE ☐ Addition ☐ Change LUNDBALD, MARIE NAME NAME STREET ADDRESS 4931 1ST ST NW STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LAKELAND FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME : NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 butter like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-01

(863) 815-1594