

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90078 014 ****61.25

DOCUMENT # N00295

1. Entity Name

GOOD SHEPHERD LUTHERAN CHURCH OF CHIEFLAND, INC.

Principal Place of Business

Mailing Address

143-03 N.W. 143RD PLACE
HIGHWAY 19 NORTH
CHIEFLAND FL 32644
US

P.O. BOX 2090
CHIEFLAND FL 32644-2090

913037



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
n/a

3. Mailing Address
n/a

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2344760

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

Name
(same)

Street Address (P.O. Box Number is Not Acceptable)
10851 NW 75th Avenue

City
CHIEFLAND

FL

Zip Code
32626

LAWSON, ROBERT
N.W. 11TH AVE AND COUNTRY RD #464
CHIEFLAND FL 32626

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.

n/a

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
EATON, MAURICE
8671 N.E. 118TH STREET
BRONSON FL 32621

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
AGNOL, KATHY
P.O BOX 992 N/A
CHIEFLAND FL 32644

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary/Director
Ms. Shirley Chambers
P. O. Box 1437
Cross-City, FL 32628
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FSD
STOKES, VERA M
HC 2, BOX 406
OLD TOWN FL 32680

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
CONNOLLY, SANDRA
3470 N.W. 160TH STREET
TRENTON FL 32693

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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:

[Signature]
SIGNATURE OF REGISTERED AGENT OR DIRECTOR

Date

2000

Daytime Phone #

CR2E037 (9/99)