

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00295**

1. Entity Name

GOOD SHEPHERD LUTHERAN CHURCH OF CHIEFLAND, INC.

Principal Place of Business

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

Mailing Address

**P.O. BOX 2090
CHIEFLAND FL 32644**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2344760

Applied For

Not Applicable

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

**LAWSON, ROBERT
10851 NW 75TH AVE
CHIEFLAND FL 32626**

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**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	PD	<input type="checkbox"/> Delete
NAME	EATON, MAURICE	
STREET ADDRESS	8671 N.E. 118TH STREET	
CITY-ST-ZIP	BRONSON FL 32621	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	CHAMBERS, MS SHIRLEY	
STREET ADDRESS	PO BOX 1437	
CITY-ST-ZIP	CROSS CITY FL 32628	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	FSD	<input type="checkbox"/> Delete
NAME	STOKES, VERA M	
STREET ADDRESS	HC 2, BOX 406	
CITY-ST-ZIP	OLD TOWN FL 32680	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	CONNOLLY, SANDRA	
STREET ADDRESS	3470 N.W. 160TH STREET	
CITY-ST-ZIP	TRENTON FL 32693	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90075 016 *****61.25



DO NOT WRITE IN THIS SPACE

002165

CR2E037 (10/00)