

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90169 014 ****61.25

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**

20013637



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

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

**LAWSON, ROBERT
10851 NW 75TH VE
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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **EATON, MAURICE**
STREET ADDRESS **8871 N.E. 118TH STREET**
CITY-ST-ZIP **BRONSON FL 32621**

TITLE **PD** ☒ Change ☐ Addition
NAME **LAWSON, ROBERT**
STREET ADDRESS **10551 NW 75th Avenue**
CITY-ST-ZIP **Chiefland, Florida 32626**

TITLE **SD** ☒ Delete
NAME **CHAMBERS, MS SHIRLEY**
STREET ADDRESS **PO BOX 1437**
CITY-ST-ZIP **CROSS CITY FL 32628**

TITLE **SD** ☒ Change ☐ Addition
NAME **Sebring, Anna**
STREET ADDRESS **HC 1, Box 276**
CITY-ST-ZIP **Old Town, Florida 32680**

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

TITLE **FSD** ☒ Change ☐ Addition
NAME **Lawson, Penny**
STREET ADDRESS **11150 NW 129th Place**
CITY-ST-ZIP **Chiefland, Florida 32626**

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

TITLE ☐ Change ☐ Addition
NAME **(same)**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Change ☐ Addition
NAME **Agnoli, Kathy**
STREET ADDRESS **P. O. Box 992**
CITY-ST-ZIP **Chiefland, Florida 32644**

TITLE ☐ Delete
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:

SIGNATURE REQUIRED

ROBERT LAWSON

1-352-493-0418

CP2E037 (10/02)