

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90106 004 \*\*\*\*61.25

**DOCUMENT # N08339**

1. Entity Name

**GOOD SHEPHERD LUTHERAN CHURCH, HERNANDO, INC.**

Principal Place of Business

**439 E NORVELL BRYANT HWY  
 HERNANDO FL 34442  
 US**

Mailing Address

**439 E NORVELL BRYANT HWY  
 HERNANDO FL 32642**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2441028**

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

**PAULSEN, MERLE  
 425 E LANCASTER STREET  
 LECANTO FL 34461**

Name **C Edward Ashby**  
 Street Address (P.O. Box Number is Not Acceptable)

**439 E NORVELL BRYANT HWY**

City **HERNANDO**

**FL**

Zip Code **34442**

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

*C Edward Ashby Jr*

**C Edward Ashby Jr**

**1/20/02**

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** ☒ Delete  
 NAME **PAULSEN, MERLE**  
 STREET ADDRESS **425 E LANCASTER ST**  
 CITY-ST-ZIP **LECANTO FL 34461**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **ASHBY, C. EDWARD**  
 STREET ADDRESS **P.O. BOX 879**  
 CITY-ST-ZIP **LECANTO, FL 34460**

TITLE **VPD** ☐ Delete  
 NAME **HOCH, RONALD**  
 STREET ADDRESS **3759 N MUSCADINE PATH**  
 CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **ASHBY, C. EDWARD**  
 STREET ADDRESS **4671 N. PINE VALLEY LP.**  
 CITY-ST-ZIP **LECANTO, FL 34461**

TITLE **SD** ☐ Delete  
 NAME **SWANSON, JAMES P**  
 STREET ADDRESS **3983 E LAKE HERNANDO LANE**  
 CITY-ST-ZIP **HERNANDO FL 34442**

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

TITLE **TD** ☐ Delete  
 NAME **BURKMAN, WILLIAM**  
 STREET ADDRESS **19120 SW 101ST PLACE RD**  
 CITY-ST-ZIP **DUNNELLON FL 34432**

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

TITLE **PD** ☐ Delete  
 NAME **ASHBY, C. EDWARD**  
 STREET ADDRESS **P.O. BOX 879**  
 CITY-ST-ZIP **LECANTO, FL 34460**

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

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:

*C Edward Ashby Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/20/02 352-527-0110**

Date

Daytime Phone #

CR2E037 (9/01)