

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N32781 (9)**

1. Corporation Name

**GOOD SHEPHERD UNITED METHODIST CHURCH OF LAKE PL  
ACID, INC.**

Principal Place of Business

**424 C.R. 29  
LAKE PLACID FL 33852-7087**

Mailing Address

**424 C.R. 29  
LAKE PLACID FL 33852-7087**



3. Date Incorporated or Qualified  
**06/12/1989**

3a. Date of Last Report  
**07/27/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number **65-0596752**  
**APPLIED FOR**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**HOWELL, ROBERT E  
3037 JACARANDA AVE.  
LAKE PLACID FL 33852**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RAMOS, ENRIQUE	
STREET ADDRESS	235 SWEETHEART AVE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BRYANT, ELIZABETH	
STREET ADDRESS	25 SUNSET LANE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MUJICA, JULIA M	
STREET ADDRESS	112 HARMONY LANE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LOPEZ, MARISOL	
STREET ADDRESS	1717 4TH ST.	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALDORF, JOHN L	
STREET ADDRESS	20 SILK OAK	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Elizabeth Bryant	
13 STREET ADDRESS	25 Sunset Lane	
14 CITY-ST-ZIP	Lake Placid FL 33852	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Robert Howell	
23 STREET ADDRESS	3037 Jacaranda Ave	
24 CITY-ST-ZIP	Lake Placid FL 33852	
31 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Carolyn L. Burger	
33 STREET ADDRESS	102 Harmony Ave.	
34 CITY-ST-ZIP	Lake Placid, FL 33852	
41 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Rosa Ramos	
43 STREET ADDRESS	235 Sweetheart Ave.	
44 CITY-ST-ZIP	Lake Placid, FL 33852	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Carolyn L. Burger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 941 699-1667

Date

Daytime Phone #

CR2E037 (12/95)