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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
424 C.R. 29 LAKE PLACID FL 33852-7087	424 C.R. 29 LAKE PLACID FL 33852-7087

3. Date Incorporated or Qualified: 06/12/1989
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: 65-0596752 ☐ 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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	XX Change ☐ Addition
NAME	BRYANT, ELIZABETH		1.2 NAME	Enrique Ramos	
STREET ADDRESS	25 SUNSET LANE		1.3 STREET ADDRESS	235 Sweetheart Ave.	
CITY-ST-ZIP	LAKE PLACID FL		1.4 CITY-ST-ZIP	Lake Placid, Fl 33852	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HOWELL, ROBERT		2.2 NAME		
STREET ADDRESS	3037 JACARANDA AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BURGER, CAROLYN L.		3.2 NAME		
STREET ADDRESS	102 HARMONY AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RAMOS, ROSA		4.2 NAME		
STREET ADDRESS	235 SWEETHEART AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	WALDORF, JOHN L		5.2 NAME	Eugenio DeArce	
STREET ADDRESS	20 SILK OAK		5.3 STREET ADDRESS	240 Rhapsody Ave.	
CITY-ST-ZIP	LAKE PLACID FL 33852		5.4 CITY-ST-ZIP	Lake Placid, Fl 33852	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: Enrique Ramos (REQUIRED) 4/24/97 941-699-1667
SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY, OFFICER OR DIRECTOR — Date — Daytime Phone # 0053851