2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32781 1. Entity Name			Feb	FILED Feb 01, 2000 8:00 am			
GOOD SHEPHERD UNITED METHO	DIST CHURCH OF LAK	E PL		ecretary 2-01-2000 90041 (e	
Principal Place of Business	Mailing Address						
424 C.R. 29 LAKE PLACID FL 33852-7087 424 C.R. 29 LAKE PLACID FL 33852							
2. Principal Place of Business	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SPACE		
City & State	City & State		4. FEI Number	65-0596752	<u></u> -	plied For t Applicab	
Zip Country	Zip	Country	5. Certificate of		. ¢0.75	itional	
6. Name and Address of Curren	I Registered Agent		7. Name and A	ddress of New Registe			
		Name 9	UINONES, 7	EDRO	-		
HOWELL, ROBERT E	والمعيد يستند والمرشيب والمستند	Street Adr	ress (P.O. Box Number)	s Not Acceptable)			
3037 JACARANDA AVE.	•		the parties of the same of the				
LAKE PLACID FL 33852		City LA	KE PLACED,	FL	FL Zip Code		
8. The above named entity submits this statement	for the purpose of changing its						
SIGNATURE Signature, byped or printed name of registered age	ot and title if applicable. (NOTE	Registered Agent signature	required when reinstating)		DATE		
SIGNATURE	nt and title if applicable. (NOTE	Registered Agent signature	required when reinstating)	Ţ	DATE		
	9. Election Campaign	Financing	\$5.00 May Be	Make Ch	eck Payable to		
Signature, typed or printed name of registered age	1	Financing	,	Make Ch			
Signature, typed or printed name of registered age	9. Election Campaign Trust Fund Contribu	Financing trion.	\$5.00 May Be Added to Fees ADDITIONS/CHAN	Make Ch	eck Payable to nent of State	10	
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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 | SIGNATURE | Date | Date | Daylime Phone #