# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 12, 2001 8:00 am**
**Secretary of State**
02-14-2001 90008 001 ****70.00

DOCUMENT # N32781

1. Entity Name

GOOD SHEPHERD UNITED METHODIST CHURCH OF LAKE PL

| Principal Place of Business | Mailing Address |
|---|---|
| 424 C.R. 29<br>LAKE PLACID FL 33852-7087 | 424 C.R. 29<br>LAKE PLACID FL 33852-7087 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 65-0596752 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JUINONAS, PEDRO
221 TEMPTATION
LAKE PLACID FL 33852

7. Name and Address of New Registered Agent

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.

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

**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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>HOWELL, ROBERT<br>3037 JACARANDA AVE<br>LAKE PLACID FL 33852 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>HOWELL, ROBERT<br>3037 JACARANDA AVE.<br>LAKE PLACID, FL. 33852 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>RAMOS, ENRIQUE<br>235 SWEETHEART AVE<br>LAKE PLACID FL 33852 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>VIERA, MARTHA<br>102 LIQUAT RD, NW<br>LAKE PLACID, FL. 33852 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>RAMOS, ROSA<br>235 SWEETHEART AVE<br>LAKE PLACID FL 33852 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>LOPEZ, VICTOR<br>1717 4th ST.<br>LAKE PLACID, FL 33852 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>VIERA, MARTHA<br>102 LIQUAT RD, NW<br>LAKE PLACID FL 33852 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>DE ARCE, DEBORAH<br>223 SWEETHART AVE.<br>LAKE PLACID, FL 33852 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DE ARCE, EUGEIO<br>240 RHAPSODY AVE.<br>LAKE PLACID FL 33852 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RODRIGUEZ, EUGENIO<br>248 BLUE MOON AVE.<br>LAKE PLACID, FL 33852 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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: Victor Lopez VICTOR LOPEZ 2/11/01 (863) 382-2141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #