

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90326 006 ****70.00

DOCUMENT # N32781

1. Entity Name

GOOD SHEPHERD UNITED METHODIST CHURCH OF LAKE PLACID, 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**

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**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JUINONAS, PEDRO
221 TEMPTATION
LAKE PLACID FL 33852**

Name **VIERA, MARTHA**
Street Address (P.O. Box Number is Not Acceptable)
424 C.R. 29
City **LAKE PLACID** FL Zip Code **33852**

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 _____
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 NAME STREET ADDRESS CITY-ST-ZIP	VD HOWELL, ROBERT 3037 JACARANDA AVE LAKE PLACID FL 33852	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VIERA, MARTHA 102 LIQUAT RD NW LAKE PLACID FL 33852	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOPEZ, VICTOR 1717 4 ST LAKE PLACID FL 33852	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEARCE, DEBORAH 223 SWEETHART AV LAKE PLACID FL 33852	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, EUGENIO 248 BLUE MOON AV LAKE PLACID FL 33852	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WANDA MOYET 18 CHELSEA ST. APT. H LAKE PLACID FL 33852	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMOS, ENRIQUE 235 SWEETHART AVE. LAKE PLACID FL 33852	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 M. LOPEZ 1/13/02 (863) 382-2141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)