2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State
01-22-2007 90098 046 ****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

01132007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
NOT APPLICABLE
☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VIERA, MARTHA 5124 CR 29 LAKE PLACID, FL 33852	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. I am familiar with and accept the obligations of registered agent.

SIGNATURE: Victor M. Lopez 1/14/07
(Typed or printed name of registered agent and title if agent is corporation) (Signature of registered agent or authorized officer of agent) (Date)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Make check payable to Florida 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		☐ Change ☐ Addition
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		☐ Change ☐ Addition
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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SD DE ARCE, JESSICA L 223 SWEETHEART AVE LAKE PLACID, FL 33852	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SD IRAIDA RIVERA 215 DEERWALK AVE. LAKE PLACID, FL. 33852	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D AGUILAR, BENNY 228 SWEETHEART AVE LAKE PLACID, FL 33852	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	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 exemptions contained in Chapter 119, 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. López - Victor M. López 1/14/07 (863) 465-6331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone number)