2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2009
Secretary of State

DOCUMENT# N32781

Entity Name: GOOD SHEPHERD UNITED METHODIST CHURCH OF LAKE PLACID, INC.

Current Principal Place of Business:

424 C.R. 29
LAKE PLACID, FL 338527087

New Principal Place of Business:

Current Mailing Address:

424 C.R. 29
LAKE PLACID, FL 338527087

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VIERA, MARTHA
5124 CR 29
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

LOPEZ, VICTOR
424 CR 29
LAKE PLACID, FL 33852 US

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: VICTOR LOPEZ 01/25/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: VIERA, MARTHA
Address: 102 LIQUAT RD NW
City-St-Zip: LAKE PLACID, FL 33852

Title: TD ( ) Delete
Name: LOPEZ, VICTOR
Address: 1624 ELM TERRACE
City-St-Zip: LAKE PLACID, FL 33852

Title: SD ( ) Delete
Name: IRAIDA, RIVERA
Address: 215 DEERWALK AVE
City-St-Zip: LAKE PLACID, FL 33852

Title: D ( ) Delete
Name: VIERA, MANUEL
Address: 102 LOGUAT RD NW
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LOPEZ, MARISOL
Address: 1624 ELM TERRACE
City-St-Zip: LAKE PLACID, FL 33852

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR LOPEZ TD 01/25/2009
Electronic Signature of Signing Officer or Director Date