2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32781

1. Entity Name

GOOD SHEPHERD UNITED METHODIST CHURCH OF LAKE PL



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90484 021 ****70.00

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424 C.R. 29 424			424 C	Mailing Address 124 C.R. 29 AKE PLACID FL 33852-7087			· · · · · · · · · · · · · · · · · · ·				
				Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State				City & State			00 0000102			pplied For]
Zip	Zip Country Z			ip Country			5. Certificate of State	us Desired	\$8.75 Ad	ditional	7
6. Name and Address of Current Register				ed Agent	Agent			7. Name and Address of New Registered Agent			\dashv
					Name		The state of the s	SO OT HEM TREGIS	itorea Agent		\dashv
VIERA, MARTHA 5124 CR 29					Street Address (P.O. Box Number is Not Acceptable)						
	ACID FL 33	352							-		-
			City	· ·			FL Zip Code				
8. The above the obligation	e named entity itions of registi	submits this statement	for the purp	oose of changing its	registered office	or register	red agent, or both, in the	State of Florida.	am familiar with,	and accept	7
		or agont.									1
SIGNATURE											1
	Signature, typed	or printed name of registered age	nt and title if app	olicable. (NOTE	: Registered Agent sign	ature required	when reinstating)	· .	DATE		
			;								┥
FILE NOW: FEE IS \$61.25				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be	Make (Check Payable	to	
was to worker			Added to Fees Florida Department of State								
10.	- <u>-</u>	OFFICERS AND D	IDECTORS		T 44		BOUTIONS (STANCE)				_
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NAME	HOWELL, I	ROBERT		LI Delete	TITLE NAME				∐ Change	Addition	000
STREET ADDRESS		RANDA AVE			STREET ADDRESS						15
CITY-ST-ZIP	1	ID FL 33852			CITY-ST-ZIP						37
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TITLE	TD			☐ Delete	TITLE				☐ Change	☐ Addition	1
NAME STREET ADDRESS	LOPEZ, VIC	TOR			NAME						
CITY-ST-ZIP	1717 4 ST	ND EL AGOSA			STREET ADDRESS						
		ND FL 33852			CITY-ST-ZIP						
TITLE NAME	SD MOVET W	MOA		☐ Delete	TITLE	50	مد. د		Change Change	☐ Addition	
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TITLE	D	1D L 03032	- 41	T	-	LAKE	ET, WANDI AUTUMN HVE E PLACIO, FI REZ, MARIA HAPPINESS E PLACIO, F	L. 1701F			-
NAME	RAMOS, EN	IRIQUE		Delete	TITLE NAME	Post	DEZ MARTA	1	Change	Addition	}
STREET ADDRESS		HEART AVE			STREET ADDRESS	PER	リカカカナルデク	AIE.			
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NAME				5000	NAME				☐ Change	☐ Addition	ł
STREET ADDRESS					STREET ADDRESS						ł
CITY-ST-ZIP					CITY_ST_7ID	1					i

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: