

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42647

1. Entity Name

GOOD SHEPHERD PRESBYTERIAN CHURCH, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90028 012 ****61.25

Principal Place of Business

Mailing Address

4377 E. LAKE DEXTER DRIVE
WINTER HAVEN FL 33884
US

4377 E. LAKE DEXTER DR
WINTER HAVEN FL 33884-2220

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3051206

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ACKART, LEE
555 OLD NINE FOOT ROAD
EAGLE LAKE FL 33839

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

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 D ☐ Delete
NAME ACKART, LEE
STREET ADDRESS 555 OLD NINE FOOT ROAD
CITY-ST-ZIP EAGLE LAKE FL 33839

TITLE D/S ☒ Change ☐ Addition
NAME Ackart, Lee
STREET ADDRESS 555 Old Nine Foot Road
CITY-ST-ZIP Eagle Lake, FL 33839

TITLE VT ☒ Delete
NAME MCADAMS, RICHARD
STREET ADDRESS 250 9TH ST., S.E.
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE T ☒ Change ☐ Addition
NAME Snyder, Sally
STREET ADDRESS 1360 Mirror Terrace NW
CITY-ST-ZIP Winter Haven, FL 33881

TITLE T ☒ Delete
NAME DAVES, DEE JAY
STREET ADDRESS 518 SOMERSET DR
CITY-ST-ZIP AUBURNDALE FL 33823

TITLE V/D ☐ Change ☒ Addition
NAME White, Charles
STREET ADDRESS 312 Montego Ct
CITY-ST-ZIP Winter Haven, FL 33884

TITLE T ☐ Delete
NAME BOCKOVER, JIM
STREET ADDRESS 695 OLEANDER STREET
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE P/D ☒ Change ☐ Addition
NAME Bockover, James
STREET ADDRESS 695 Oleander St
CITY-ST-ZIP Winter Haven, FL 33884

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Jostes, Alan
STREET ADDRESS 938 W. Heron Cir
CITY-ST-ZIP Winter Haven, FL 33884

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Davis, Fred
STREET ADDRESS 518 Somerset Drive
CITY-ST-ZIP Auburndale, FL 33823

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: *Leon E. Ackart* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 7, 2000

Date

(863)293-7754

Daytime Phone #