

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90234 033 ****61.25

DOCUMENT # N42647

1. Entity Name

GOOD SHEPHERD PRESBYTERIAN CHURCH, INC.

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

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

59-3051206

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

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

Name

James Bockover

Street Address (P.O. Box Number is Not Acceptable)

695 Oleander

City

Winter Haven

FL

Zip Code

33880

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

James Bockover

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/21/02

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	DS	<input checked="" type="checkbox"/> Delete
NAME	ACKART, LEE	
STREET ADDRESS	555 OLD NINE FOOT ROAD	
CITY-ST-ZIP	EAGLE LAKE FL 33839	
TITLE	T	<input type="checkbox"/> Delete
NAME	SNYDER, SALLY	
STREET ADDRESS	1360 MIRROR TERRACE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WHITE, DIANE	
STREET ADDRESS	11 C ST	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KIEFFER, LAWRENCE	
STREET ADDRESS	1206 KIMBERLE CT	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUGHART, BRUCE	
STREET ADDRESS	5408 STRUTHERS RD	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bockover, James	
STREET ADDRESS	695 Oleander	
CITY-ST-ZIP	Winter Haven, FL, 33880	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Bockover 4/21/02 (863) 551-0931

Date

Daytime Phone #

CR2E037 (9/01)