

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

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90116 020 \*\*\*\*61.25

**DOCUMENT # N42647**

1. Entity Name

**GOOD SHEPHERD PRESBYTERIAN CHURCH, INC.**



Principal Place of Business

**4377 E. LAKE DEXTER DRIVE  
WINTER HAVEN FL 33884  
US**

Mailing Address

**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

☒ CHECK HERE IF MAKING CHANGES

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

**BOCKOVER, JAMES**

**695 OLEANDER**

**WINTER HAVEN FL 33880**

Name **UBUNGEN, ROEL Z.**

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

**380 PATTERSON ROAD**

City

**HAINES CITY**

FL

Zip Code

**33844**

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 Roel Z. Ubungen **ROEL Z. UBUNGEN** (SECRETARY)  
CLERK OF GSPC, INC. 03-01-03

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS BOCKOVER, JAMES 695 OLEANDER WINTER HAVEN FL 33880</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BOCKOVER, JAMES 695 OLEANDER WINTER HAVEN, FL 33880</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SNYDER, SALLY 1360 MIRROR TERRACE WINTER HAVEN FL 33881</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD UBUNGEN, ROEL 380 PATTERSON ROAD HAINES CITY, FL 33844</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD WHITE, DIANE 11 C ST HAINES CITY FL 33844</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD CONNERS, ARLYNNE 380 PATTERSON ROAD HAINES CITY, FL 33844</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD KIEFFER, LAWRENCE 1206 KIMBERLE CT AUBURNDAL FL 33823</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KIEFFER, LAWRENCE 1206 KIMBERLE CT AUBURNDAL, FL 33823</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HUGHART, BRUCE 5408 STRUTHERS RD WINTER HAVEN FL 33884</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ACKART, PEGGIE 650 N. LAKE HOWARD DR., APT. 4B WINTER HAVEN, FL 338</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Roel Z. Ubungen **ROEL Z. UBUNGEN** 03-01-03 (863) 419-1422

CR2E037 (10/02)