

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90119 001 *****8.75

DOCUMENT # N43738

1. Entity Name

GOOD SHEPHERD WORLD MISSION, INC.

Principal Place of Business

Mailing Address

**BONITA SPRINGS
 BONITA SPRINGS FL 34135
 US**

**18417 IRIS RD.
 BONITA SPRINGS 33912-3345
 US**

2. Principal Place of Business

**12685 Tower Rd
 Suite, Apt. #, etc.**

3. Mailing Address

P.O. BOX 367163

Suite, Apt. #, etc.

City & State

Bonita Springs, Fl

City & State

Bonita Springs, Fl

4. FEI Number

58-2982671

Applied For

Not Applicable

Zip

Country

34135

Lee

Zip

Country

34136

Lee

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GARCIA, REV GEORGE A
 18417 IRIS RD
 FT. MYERS FL 33912**

7. Name and Address of New Registered Agent

Name

Rev. George A Garcia

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

12685 Tower Rd

City

Bonita Springs,

FL

Zip Code

34135

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GARCIA, GEORGE A REV 18417 IRIS RD FT. MYERS FL 33912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GARCIA, MILAGROS 18417 IRIS ROAD FT. MYERS FL 33912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARCIA, SARAY 18417 IRIS ROAD FT MYERS FL 33912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIVERA, ABIGAIL 6905 SHANNON DV FT MYERS FL 33912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELENDEZ, BERTHA 11381 REDBUD LANE BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUADALUPE BARROZO 26650 NOTTINGHAM LN BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: Rev. George A Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/2000. 941-498 1246

Date

Daytime Phone #

037 (9/99)