

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43738

1. Entity Name

GOOD SHEPHERD WORLD MISSION, INC.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90018 019 ****61.25

Principal Place of Business

12685 TOWER RD
BONITA SPRINGS FL 34135
US

Mailing Address

P.O. BOX 367163
BONITA SPRINGS FL 34136
US

2. Principal Place of Business

12685 Tower Rd
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 367163
Suite, Apt. #, etc.

A0006832



DO NOT WRITE IN THIS SPACE

City & State

Bonita Springs, FL

City & State

Bonita springs

4. FEI Number

58-2982671

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, GEORGE A
12685 TOWER RD
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
GARCIA, GEORGE A REV
18417 IRIS RD
FT. MYERS FL 33912 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
GARCIA, MILAGROS
18417 IRIS ROAD
FT. MYERS FL 33912 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
GARCIA, SARAY
18417 IRIS ROAD
FT MYERS FL 33912 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
RIVERA, ABIGAIL
6905 SHANNON DV
FT MYERS FL 33912 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BARROZO, GUADALUPE
26650 NOTTINGHAM LN
BONITA SPRINGS FL 34135 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
RIVERA ABIGAIL
623 SW.JEANNE ST
PORT ST LUCIE, FL 34953 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE REQUIRED George A Garcia

1/10/2001-941-498-1246

CR2E037 (10/00)