

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000728

1. Entity Name

SHEPERDS HEART CHRISTIAN FELLOWSHIP, INC.

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90039 001 \*\*\*\*61.25

Principal Place of Business

1950 LEE ROAD  
STE 210  
WINTER PARK FL 32789-847  
US

Mailing Address

607 SPRING OAKS BLVD  
ALTAMONTE SPRINGS FL 32714-7311

2. Principal Place of Business

607 SPRING OAKS BLVD.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS, FL

City & State

Zip

32714-7311

Country

USA

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CARSON, DARWIN  
607 SPRING OAKS BLVD  
ALTAMONTE SPRINGS FL 32714

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

*Darwin E. Carlson* *Darwin E. Carlson* 5-1-2000  
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 PD ☐ Delete  
NAME CARLSON, DARWIN E  
STREET ADDRESS 607 SPRING OAKS BLVD  
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE VT ☐ Delete  
NAME BROWN, BONNIE  
STREET ADDRESS 229 ANTLETT CT  
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE STT ☐ Delete  
NAME CARLSON, GINGER C  
STREET ADDRESS 607 SPRING OAKS BLVD  
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ 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:

*Darwin E. Carlson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-2000

Date

Daytime Phone #

CR2E037 (9/99)