

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000728

1. Entity Name

SHEPHERDS HEART CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business

Mailing Address

607 SPRING OAKS BLVD
ALTAMONTE SPRINGS FL 32714-7311
US

607 SPRING OAKS BLVD
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARSON, DARWIN
607 SPRING OAKS BLVD
ALTAMONTE SPRINGS FL 32714

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	CARLSON, DARWIN E	
STREET ADDRESS	607 SPRING OAKS BLVD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	STT	<input type="checkbox"/> Delete
NAME	CARLSON, GINGER C	
STREET ADDRESS	607 SPRING OAKS BLVD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	LEFRANCE, SONJA	
STREET ADDRESS	110 CHATSWORTH CT	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	ROXANNE MANN	<input type="checkbox"/> Delete
NAME	620 Estates Place	
STREET ADDRESS	Longwood, Florida 32779	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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:

GINGER CARLSON

GINGER CARLSON GINGER CARLSON

4/26/02 407-599-9774

5/24/02 407-599-9774

FILED
May 30, 2002 8:00 am
Secretary of State

05-12-2002 90600 001 ****61.25

90249



DO NOT WRITE IN THIS SPACE

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2037 (9/01)