

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003130

1. Entity Name

GOOD SHEPHERD LUTHERAN CHURCH OF SEBRING, INC.

Principal Place of Business

4348 SCHUMACHER ROAD
SEBRING FL 33872

Mailing Address

5341 LIME RD.
SEBRING FL 33872
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0508593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WEED, JAMES L JR.
5341 LIME RD.
SEBRING FL 33872

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
D
VAN DUZER, WILLIAM H REV.
230 ORANGE ROAD, NW
LAKE PLACID FL 33852 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SILKE, HENRY
3407 DIVOT RD
SEBRING FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
HENRY, ALBERTINE
316 LOITUS AVE
SEBRING FL 33872 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
WEED, CAROL
5341 LIME RD.
SEBRING FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WEED, JAMES L JR.
5341 LIME ROAD
SEBRING FL ☐ 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
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CITY-ST-ZIP ☐ Change ☐ Addition

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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: JAMES L. WEED, JR.

SIGNATURE: James L. Weed, Jr.

Date

Daytime Phone #

4-25-01 (863)385-2346

CR2E037 (10/00)