

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003130

1. Entity Name

GOOD SHEPHERD LUTHERAN CHURCH OF SEBRING, INC.

FILED

May 14, 2002 8:00 am  
Secretary of State

05-14-2002 90064 017 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4348 SCHUMACHER ROAD  
SEBRING FL 33872

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 D  
NAME VAN DUZER, WILLIAM H REV.  
STREET ADDRESS 230 ORANGE ROAD, NW  
CITY-ST-ZIP LAKE PLACID FL 33852 ☐ Delete

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

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

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

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

TITLE PD  
NAME BOWERS-CATE, DEBORAH  
STREET ADDRESS 3827 ERIN ROAD  
CITY-ST-ZIP SEBRING, FL 33872 ☐ Change ☒ Addition

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE SD  
NAME SMITH, BEVERLY B.  
STREET ADDRESS 222 7TH STREET  
CITY-ST-ZIP LAKE PLACID, FL 33852 ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/02 (863)385-2346

CR2E037 (9/01)