

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003469

FILED
Apr 08, 2009
Secretary of State

Entity Name: THE GOOD SHEPHERD UNITED METHODIST CHURCH OF LAKE LAND, INC.

Current Principal Place of Business:

2815 N GALLOWAY ROAD
LAKE LAND, FL 33810

New Principal Place of Business:

Current Mailing Address:

2815 N GALLOWAY ROAD
LAKE LAND, FL 33810

New Mailing Address:

FEI Number: 59-2979664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNEIL, MARVIN
5053 SWINDELL RD
LAKE LAND, FL 33810 US

Name and Address of New Registered Agent:

MCNEIL, MARVIN
5020 SHADYGLEN DR
LAKE LAND, FL 33810 US

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:

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCNEIL, MARVIN
Address: 5053 SWINDELL RD
City-St-Zip: LAKE LAND, FL 33810

Title: D () Delete
Name: RHONEMUS, RUTH
Address: 219 JAY AVE
City-St-Zip: LAKE LAND, FL 33815

Title: T () Delete
Name: KRAUSE, PATRICIA A
Address: 1735 QUAIL RUN
City-St-Zip: LAKE LAND, FL 33810

Title: D () Delete
Name: SPRESSER, CLESTON
Address: 403 MINNEHAHA TRAIL
City-St-Zip: LAKE LAND, FL 33803

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCNEIL, MARVIN
Address: 5020 SHADYGLEN
City-St-Zip: LAKE LAND, FL 33810

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: GREEN, IRA
Address: 120 BOYD ST
City-St-Zip: LAKE LAND, FL 33815

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA A. KRAUSE

T

04/08/2009

Electronic Signature of Signing Officer or Director

Date