

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90195 006 ****61.25

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DOCUMENT # N95000003469

1. Entity Name

THE GOOD SHEPHERD UNITED METHODIST CHURCH OF LAKELAND, INC.



Principal Place of Business

**2815 N GALLOWAY ROAD
LAKELAND FL 33809**

Mailing Address

**2815 N GALLOWAY ROAD
LAKELAND FL 33809**

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 **59-2979664**

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

**KRAUSE, HENRY G
1735 QUAIL RUN
LAKELAND FL 33809**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP D	<input type="checkbox"/> Delete
NAME	KRAUSE, HENRY G	
STREET ADDRESS	1735 QUAIL RUN	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	PT D	<input type="checkbox"/> Delete
NAME	RHONEMUS, RUTH	
STREET ADDRESS	219 JAY AVE	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	WIL P	<input type="checkbox"/> Delete
NAME	WILFERTH, ROY	
STREET ADDRESS	3159 HONEOYE TRAIL	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILFRETH, ROY	
STREET ADDRESS	3159 HONEOYE TRAIL	
CITY-ST-ZIP	LAKELAND FL 33810	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICIA A. KRAUSE	
STREET ADDRESS	1735 Quail Run	
CITY-ST-ZIP	LAKELAND FL 33810	
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:

[Handwritten Signature]

4/25/03

863-647-9628

CR2E037 (10/02)