


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # 701541 1. Entity Name BROTHERS OF THE GOOD SHEPHERD OF FLORIDA, INC.	
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Principal Place of Business 680 NE 52ND STREET MIAMI, FL 33137 US	Mailing Address 680 NE 52ND STREET MIAMI, FL 33137 US
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2005207	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MIESZALA, MICHAEL
680 NE 52ND STREET
MIAMI, FL 33137**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee Is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MIESZALA, MICHAEL 680 NE 52 ST MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPRE OSMANSKI, WILLIAM J 680 NE 52ND ST. MIAMI MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BRINKMANN, JUDY PO BOX 736 MOMENCE, IL 60954
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES OSMANSKI, WILLIAM 680 NE 52ND ST. MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/09/07-80054-022 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Michael Mieszala **MICHAEL MIESZALA** **1-3-07 305-758-7439**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone #