

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000006159 (7)

1. Corporation Name

GOOD SHEPHERD SCHOOL FOUNDATION, INC.



Principal Place of Business

Mailing Address

5902 E. OLEANDER STREET  
ORLANDO FL 32807

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ORLANDO FL 32807

3. Date Incorporated or Qualified  
12/15/1994

3a. Date of Last Report  
07/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3305012

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCNAMEE, PATRICIA A  
5902 E. OLEANDER STREET  
ORLANDO FL 32807

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME SEBASTIAN, JOHN  
STREET ADDRESS C/O 5902 E. OLEANDER STREET  
CITY-ST-ZIP ORLANDO FL

1.1 TITLE TD  Change  Addition  
1.2 NAME Joseph Ares  
1.3 STREET ADDRESS c/o 5902 Oleander Drive  
1.4 CITY-ST-ZIP Orlando, FL 32807

TITLE VD  DELETE  
NAME BARRETTE, EUGENE G  
STREET ADDRESS C/O 5902 E. OLEANDER STREET  
CITY-ST-ZIP ORLANDO FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD  DELETE  
NAME MCNAMEE, PATRICIA  
STREET ADDRESS 5902 E. OLEANDER STREET  
CITY-ST-ZIP ORLANDO FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ASD  DELETE  
NAME AVITABILE, SONNY  
STREET ADDRESS C/O 5902 E. OLEANDER STREET  
CITY-ST-ZIP ORLANDO FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE TD  DELETE  
NAME MANUCHIA, DAVID  
STREET ADDRESS C/O 5902 E. OLEANDER STREET  
CITY-ST-ZIP ORLANDO FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Patricia A. McNamee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96  
Date

407/277-3973  
Daytime Phone #

CR2E037 (12/95)