

FILE NOW: FILING FEE IS \$61.25

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**Mar 24 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000006159 (7)
1. Corporation Name
GOOD SHEPHERD SCHOOL FOUNDATION, INC.



Principal Place of Business 5902 E. OLEANDER STREET ORLANDO FL 32807	Mailing Address 5902 E. OLEANDER STREET ORLANDO FL 32807
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3. Date Incorporated or Qualified 12/15/1994	
4. FEI Number 59-3305012	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Sonny Avitabile	
82 Street Address (P.O. Box Number Is Not Acceptable) 5902 E Oleander Street	
83	
84 City Orlando	85 Zip Code FL 32807

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 *Sonny Avitabile* **Sonny Avitabile** DATE **3/11/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE PD	SEBASTIAN, JOHN	<input checked="" type="checkbox"/> DELETE
NAME	C/O 5902 E. OLEANDER STREET	
STREET ADDRESS	ORLANDO FL	
CITY-ST-ZIP		
TITLE VD	BARRETTE, EUGENE G	<input checked="" type="checkbox"/> DELETE
NAME	C/O 5902 E. OLEANDER STREET	
STREET ADDRESS	ORLANDO FL	
CITY-ST-ZIP		
TITLE SD	MCNAMEE, PATRICIA	<input checked="" type="checkbox"/> DELETE
NAME	5902 E. OLEANDER STREET	
STREET ADDRESS	ORLANDO FL	
CITY-ST-ZIP		
TITLE ASD	AVITABILE, SONNY	<input type="checkbox"/> DELETE
NAME	C/O 5902 E. OLEANDER STREET	
STREET ADDRESS	ORLANDO FL	
CITY-ST-ZIP		
TITLE TD	ARES, JOSEPH	<input type="checkbox"/> DELETE
NAME	% 5902 OLEANDER DRIVE	
STREET ADDRESS	ORLANDO FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE PD	HARDS, MICHAEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	C/O 5902 E OLEANDER STREET	
1.3 STREET ADDRESS	ORLANDO FL 32807	
1.4 CITY-ST-ZIP		
2.1 TITLE VD	SHERIDAN, BRIAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	C/O 5902 E OLEANDER STREET	
2.3 STREET ADDRESS	ORLANDO FL 32807	
2.4 CITY-ST-ZIP		
3.1 TITLE SD	COMMANDER, JENNA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	C/O 5902 E OLEANDER STREET	
3.3 STREET ADDRESS	ORLANDO FL 32807	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: *Sonny Avitabile* **Sonny Avitabile** DATE **3/11/98** **407/277-1702**

CF2E037 (10/97)