

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006159

FILED  
Feb 08, 2006  
Secretary of State

Entity Name: GOOD SHEPHERD SCHOOL FOUNDATION, INC.

**Current Principal Place of Business:**

5902 E. OLEANDER STREET  
ORLANDO, FL 32807

**New Principal Place of Business:**

**Current Mailing Address:**

5902 E. OLEANDER STREET  
ORLANDO, FL 32807

**New Mailing Address:**

FEI Number: 59-3305012

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCNAMEE, PATRICIA  
5902 E OLEANDER ST  
ORLANDO, FL 32807 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DONOVAN, DANIEL  
Address: C/O 5902 E OLEANDER ST  
City-St-Zip: ORLANDO, FL 32807

Title: VD ( ) Delete  
Name: KINIRY, DAVID  
Address: C/O 5902 E OLEANDER ST  
City-St-Zip: ORLANDO, FL 32807

Title: VD ( ) Delete  
Name: FRITZ, REBA  
Address: C/O 5902 E OLEANDER ST  
City-St-Zip: ORLANDO, FL 32807

Title: SD ( ) Delete  
Name: KELLY, BEATRICE  
Address: % 5902 OLEANDER DRIVE  
City-St-Zip: ORLANDO, FL 32807

Title: TD ( ) Delete  
Name: JANOWIAK, MICHAEL  
Address: % 5902 OLEANDER DRIVE  
City-St-Zip: ORLANDO, FL 32807

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: REBA C. FRITZ

VD

02/08/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date