


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

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90063 026 ****61.25

DOCUMENT # N94000006159

1. Entity 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**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **59-3305012**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE PD	<input type="checkbox"/> Delete
NAME KINIRY, DAVID	
STREET ADDRESS C/O 5902 E OLEANDER ST	
CITY-ST-ZIP ORLANDO FL 32807	
TITLE VD	<input type="checkbox"/> Delete
NAME SHERIDAN, BRIAN	
STREET ADDRESS C/O 5902 E OLEANDER ST	
CITY-ST-ZIP ORLANDO FL 32807	
TITLE SD	<input type="checkbox"/> Delete
NAME COMMANDER, JENNA	
STREET ADDRESS C/O 5902 E OLEANDER ST	
CITY-ST-ZIP ORLANDO FL 32807	
TITLE TD	<input type="checkbox"/> Delete
NAME JUBELT, CHRISTINE	
STREET ADDRESS % 5902 OLEANDER DRIVE	
CITY-ST-ZIP ORLANDO FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	c/o 5902 e. oleander dr.
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	c/o 5902 E. oleander dr.
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD Fritz, Reta
STREET ADDRESS	c/o 5902 e. oleander dr.
CITY-ST-ZIP	Orlando, FL. 32807
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jubelt, Christine
STREET ADDRESS	c/o 5902 oleander dr.
CITY-ST-ZIP	Orlando, FL. 32807
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	

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: *Patricia McNamee* 4/3/03 407-277-3973

CR2E037 (10/02)