

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001448

FILED  
Mar 13, 2009  
Secretary of State

Entity Name: MINISTRY OF THE GOOD SHEPHERD, INC.

**Current Principal Place of Business:**

224 NE 3RD ST.  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 837  
BOCA RATON, FL 33429

**New Mailing Address:**

FEI Number: 65-0877749

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

O'SULLIVAN, MARJORIE MRS.  
224 NE 3RD ST.  
BOCA RATON, FL 33432 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: P ( ) Delete  
Name: O'SULLIVAN, MARJORIE MRS.  
Address: 224 NE 3RD ST.  
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete  
Name: TOUSIGNANT, HELEN MRS.  
Address: 467 NE 10TH ST.  
City-St-Zip: BOCA RATON, FL 33432

Title: S ( ) Delete  
Name: FICKEL, JERRY MR.  
Address: 11530 SW 83RD TERR.  
City-St-Zip: MIAMI, FL 33173

Title: D ( ) Delete  
Name: HEEMSKERK, ED MR.  
Address: 398 NW 35 PLACE  
City-St-Zip: BOCA RATON, FL 33431

Title: D ( ) Delete  
Name: GUASTELLA, JENNIE M MRS.  
Address: 1100 NE 13 ST., #286-D  
City-St-Zip: BOCA RATON, FL 33486

Title: T (X) Delete  
Name: MURADAZ, REYNERIO A MR.  
Address: 631 SW 17TH ST.  
City-St-Zip: BOCA RATON, FL 33486

**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: D (X) Change ( ) Addition  
Name: HEEMSKERK, ED MR.  
Address: 8439 EAST CLUB RD.  
City-St-Zip: BOCA RATON, FL 33433

Title: T (X) Change ( ) Addition  
Name: MURADAZ, REYNERIO A MR.  
Address: 2641 CITRUS KEY LIME CT.  
City-St-Zip: NAPLES, FL 34120

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

I hereby certify that the information supplied with this filing does not qualify 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: MARJORIE O'SULLIVAN

P

03/13/2009

Electronic Signature of Signing Officer or Director

Date