

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000001448

**FILED**  
**Mar 26, 2018**  
**Secretary of State**  
**CC5814110379**

**Entity Name:** MINISTRY OF THE GOOD SHEPHERD, INC.

**Current Principal Place of Business:**

239 SW 2ND STREET  
BOCA RATON, FL 33432

**Current Mailing Address:**

P.O. BOX 837  
BOCA RATON, FL 33429

**FEI Number: 65-0877749**

**Certificate of Status Desired: Yes**

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

O'SULLIVAN, MARJORIE MRS.  
239 SW 2ND STREET  
BOCA RATON, FL 33432 US

*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

**Officer/Director Detail :**

Title            PRES  
Name            O'SULLIVAN, MARJORIE  
Address        239 SW 2ND STREET  
City-State-Zip: BOCA RATON FL 33432

Title            VP  
Name            MANCERI, ISABEL MS  
Address        2355 NW 43 STREET  
City-State-Zip: BOCA RATON FL 33431

Title            SECR  
Name            PARKER, MARIE MRS.  
Address        224 NE 3RD ST.  
                  901 SW 4TH AVE. B-1  
City-State-Zip: BOCA RATON FL 33432

Title            TREA  
Name            DIMARCO, FRANK MR  
Address        707 SW 7TH STREET  
City-State-Zip: BOCA RATON FL 33486

Title            DIR  
Name            MARJORIE, O'SULLIVAN MRS.  
Address        224 NE 3RD ST.  
City-State-Zip: BOCA RATON FL 33432

Title            DIR  
Name            WILLIAM, COMISKEY MR.  
Address        495 HOLLEY AVE.  
City-State-Zip: LABELLE FL 33935

Title            VP  
Name            BETTY, HEEMSKERK JANE  
Address        8439 EAST CLUB RD..  
City-State-Zip: BOCA RATON FL 33433

*I hereby 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 all other like empowered.*

**SIGNATURE: FRANK DIMARCO**

**TREASURER**

**03/26/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date