

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

DOCUMENT# N99000001448

**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