

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001448

Entity Name: MINISTRY OF THE GOOD SHEPHERD, INC.**Current Principal Place of Business:**224 NE 3RD ST.
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.
224 NE 3RD ST.
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	KENNEDY, JOHN
Address	975 SW 12TH TERRACE
City-State-Zip:	BOCA RATON FL 33486

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	MURADAZ, ANTONIO MR
Address	2641 CITRUS KEY LIME CT.
City-State-Zip:	NAPLES FL 34120

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

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: ANTONIO MURADAZ**TREASURER****01/13/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date