FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:52

DOCUMENT # **701541** **(5)**

1. Corporation Name
BROTHERS OF THE GOOD SHEPHERD, INC.

Principal Place of Business	Mailing Address
726 NE 1ST AVENUE P O BOX 1829 MIAMI FL 33132-1829	726 NE 1ST AVENUE P O BOX 1829 MIAMI FL 33132-1829

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/14/1960
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-2005207 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JOHNSON, PAUL
726 NE 1ST AVE
MIAMI FL 33101

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	President /D	☒ Change ☐ Addition
NAME	JOHNSON, PAUL	12 NAME	Johnson, Paul	
STREET ADDRESS	726 NE 1ST AVENUE	13 STREET ADDRESS	726 NE 1st Avenue	
CITY-ST-ZIP	MIAMI, FL 00000	14 CITY-ST-ZIP	Miami, Fl 33132	
TITLE	PD	21 TITLE	Sec/Treasurer /D	☒ Change ☐ Addition
NAME	SOMERVILLE, HARRY (deceased)	22 NAME	Kinsella, Mark	
STREET ADDRESS	726 NE 1ST AVENUE	23 STREET ADDRESS	726 NE 1st Avenue	
CITY-ST-ZIP	MIAMI, FL 00000	24 CITY-ST-ZIP	Miami, Fl 33132	
TITLE	TD	31 TITLE		☒ Change ☐ Addition
NAME	GREIFENSTEIN, FRED (deceased)	32 NAME		
STREET ADDRESS	726 NE 1ST AVENUE	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000	34 CITY-ST-ZIP		
TITLE	VP /D	41 TITLE	D	☐ Change ☐ Addition
NAME	JOLICOEUR, LUC	42 NAME	RESIGNED AS OF MAY 1	
STREET ADDRESS	726 N.E. 1ST AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP		
TITLE	S	51 TITLE		☒ Change ☐ Addition
NAME	JOHNSON, PAUL	52 NAME		
STREET ADDRESS	726 NE 1ST AVE	53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33132	54 CITY-ST-ZIP		
TITLE	SAME AS #1	61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 this 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Paul Johnson January 24, 1995 (305)374-1065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007140