2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005
Secretary of State

DOCUMENT# 701541

Entity Name: BROTHERS OF THE GOOD SHEPHERD OF FLORIDA, INC.

Current Principal Place of Business:

336 NW 5TH STREET
MIAMI, FL 33128 US

New Principal Place of Business:

680 NE 52ND STREET
MIAMI, FL 33137 US

Current Mailing Address:

PO BOX 11829
MIAMI, FL 331011829 US

New Mailing Address:

PO BOX 11829
MIAMI, FL 33101 US

FEI Number: 59-2005207 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHARRON, JOSEPH
336 NW 5TH ST
MIAMI, FL 33128 US

Name and Address of New Registered Agent:

MARCHAND, MAJELLA L
680 NE 52ND STREET
MIAMI, FL 33137 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: MAJELLA L. MARCHAND 02/03/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DVPS ( ) Delete
Name: MOORE, RICHARD
Address: 980 NE 52 ST
City-St-Zip: MIAMI, FL 33137

Title: PD ( ) Delete
Name: MARCHAND, MAJELLA
Address: 680 NE 52ND ST. MIAMI
City-St-Zip: MIAMI, FL 33137

Title: TD ( ) Delete
Name: CHARRON, JOSEPH
Address: 680 NE 52ND ST.
City-St-Zip: MIAMI, FL 33137

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: MARCHAND, MAJELLA L
Address: 980 NE 52 ST
City-St-Zip: MIAMI, FL 33137

Title: VPRE (X) Change ( ) Addition
Name: OSMANSKI, WILLIAM J
Address: 680 NE 52ND ST. MIAMI
City-St-Zip: MIAMI, FL 33137

Title: SEC (X) Change ( ) Addition
Name: MOORE, RICHARD
Address: 680 NE 52ND ST.
City-St-Zip: MIAMI, FL 33137

Title: TRES ( ) Change (X) Addition
Name: SEARSON, CHARLES J
Address: 680 NE 52ND ST.
City-St-Zip: MIAMI, FL 33137

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MAJELLA L .MARCHAND PRES 02/03/2005
Electronic Signature of Signing Officer or Director Date