## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 701541** 

FILED Apr 15, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

680 NE 52ND STREET MIAMI, FL 33137 US

Current Mailing Address: New Mailing Address:

PO BOX 11829 680 NE 52ND STREET MIAMI, FL 33101 US MIAMI, FL 33137 US

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

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

MARCHAND, MAJELLA L
680 NE 52ND STREET
680 NE 52ND STREET
MIAMI, FL 33137 US
MIESZALA, MICHAEL
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: MICHAEL MIESZALA 04/15/2006

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: PRES ( ) Delete Title: PRES (X) Change ( ) Addition

 Name:
 MARCHAND, MAJELLA L
 Name:
 MIESZALA, MICHAEL

 Address:
 980 NE 52 ST
 Address:
 680 NE 52 ST

 City-St-Zip:
 MIAMI, FL 33137
 City-St-Zip:
 MIAMI, FL 33137

Title: VPRE ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 OSMANSKI, WILLIAM J
 Name:

 Address:
 680 NE 52ND ST. MIAMI
 Address:

 City-St-Zip:
 MIAMI, FL 33137
 City-St-Zip:

Title: SEC ( ) Delete Title: SEC (X) Change ( ) Addition

 Name:
 MOORE, RICHARD
 Name:
 BRINKMANN, JUDY

 Address:
 680 NE 52ND ST.
 Address:
 PO BOX 736

 City-St-Zip:
 MIAMI, FL 33137
 City-St-Zip:
 MOMENCE, IL 60954

Title: TRES () Delete Title: TRES (X) Change () Addition

 Name:
 SEARSON, CHARLES J
 Name:
 OSMANSKI, WILLIAM

 Address:
 680 NE 52ND ST.
 Address:
 680 NE 52ND ST.

 City-St-Zip:
 MIAMI, FL 33137
 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 Chapter 119, 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: MICHAEL MIESZALA PRES 04/15/2006