2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2008
Secretary of State

DOCUMENT# 701541

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

Current Principal Place of Business:

680 NE 52ND STREET
MIAMI, FL 33137 US

New Principal Place of Business:

Current Mailing Address:

680 NE 52ND STREET
MIAMI, FL 33137 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

MIESZALA, MICHAEL
680 NE 52ND STREET
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	PRES	( ) Delete
Name:	MIESZALA, MICHAEL	
Address:	680 NE 52 ST	
City-St-Zip:	MIAMI, FL 33137	
Title:	VPRE	( ) Delete
Name:	OSMANSKI, WILLIAM J	
Address:	680 NE 52ND ST. MIAMI	
City-St-Zip:	MIAMI, FL 33137	
Title:	SEC	( ) Delete
Name:	BRINKMANN, JUDY	
Address:	PO BOX 736	
City-St-Zip:	MOMENCE, IL 60954	
Title:	TRES	( ) Delete
Name:	OSMANSKI, WILLIAM	
Address:	680 NE 52ND ST.	
City-St-Zip:	MIAMI, FL 33137	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TRES	(X) Change ( ) Addition
Name:	HOWSON, JUSTIN	
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 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 01/03/2008

Electronic Signature of Signing Officer or Director — Date