## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 701541**

FILED Jan 19, 2009 Secretary of State

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

Current P	rincipal Place	of Business:	New Principal Place	e of Business:
80 NE 52 //IAMI, FL	ND STREET 33137 US			
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
80 NE 52 11AMI, FL	ND STREET 33137 US			
El Number	: 59-2005207	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame and	l Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
	A, MICHAEL 2ND STREET 33137 US			
	e named entity so e of Florida.	ubmits this statement for the p	ourpose of changing its register	ed office or registered agent, or both
the State	e of Florida.	ubmits this statement for the p	ourpose of changing its register	ed office or registered agent, or both
the State	e of Florida. É RE:	ubmits this statement for the p		ed office or registered agent, or both  Date
n the State	e of Florida. É RE:	c Signature of Registered Age	ent	
n the State IGNATUI  PFFICER tte: ame: ddress:	e of Florida.  RE: Electroni  S AND DIRECT	c Signature of Registered Age ORS: Delete HAEL	ent	Date
n the State  FIGNATUI  FICER  itle: aame: ddress: ity-St-Zip: itle: ame: ddress:	e of Florida.  RE: Electroni  S AND DIRECT  PRES ()I  MIESZALA, MICH 680 NE 52 ST  MIAMI, FL 3313	c Signature of Registered Age  ORS:  Delete HAEL  7  Delete LIAM J  T. MIAMI	ent  ADDITIONS/CHANG  Title: Name: Address:	Date BES TO OFFICERS AND DIRECTO
the State	e of Florida.  RE: Electroni  S AND DIRECT  PRES ()I  MIESZALA, MICH 680 NE 52 ST  MIAMI, FL 3313  VPRE ()I  OSMANSKI, WIL 680 NE 52ND ST  MIAMI, FL 3313	c Signature of Registered Age ORS: Delete HAEL 7 Delete ILIAM J T. MIAMI 7 Delete DY	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date  GES TO OFFICERS AND DIRECTO  ( ) Change ( ) Addition

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: JUDY BRINKMANN SEC 01/19/2009