2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# F08000004887

Entity Name: THE GOOD SHEPHERD FUND INCORPORATED

Current Principal Place of Business:

1641 N FIRST ST
#155
SAN JOSE, CA 95112

New Principal Place of Business:

Current Mailing Address:

1641 N FIRST ST
#155
SAN JOSE, CA 95112

New Mailing Address:

FEI Number: 23-7093399 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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:	D	( ) Delete
Name:	IVERSON, THEO A REV.	
Address:	2772 CONSTITUTION DR, #B	
City-St-Zip:	LIVERMORE, CA 94550	
Title:	D	( ) Delete
Name:	BESSER, SUSAN	
Address:	1109 RUSSELL AVE	
City-St-Zip:	LOS ALTOS, CA 94024	
Title:	P	( ) Delete
Name:	POPPEN, RICHARD F	
Address:	1653 FAIRORCHARD AVE	
City-St-Zip:	SAN JOSE, CA 95125	
Title:	VP	( ) Delete
Name:	MORRIS, WILLIAM R	
Address:	1771 WOODSIDE RD	
City-St-Zip:	REDWOOD CITY, CA 94061	
Title:	S	( ) Delete
Name:	LARSON, ARTHUR A	
Address:	1755 OAKWOOD AVE	
City-St-Zip:	SAN JOSE, CA 95124	
Title:	T	( ) Delete
Name:	GILCREST, LINDA	
Address:	1440 HIDDEN VALLEY RD	
City-St-Zip:	SOQUEL, CA 95073	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: PAMELA D. BENITEZ DIR. 03/31/2009

Electronic Signature of Signing Officer or Director — Date