


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State


04-26-2006 90216 002 ****62.00

DOCUMENT # N01000006093	
1. Entity Name THE GOOD SHEPHERD HUMANITARIAN CORPORATION	

Principal Place of Business 1425 W BRANCH ST LANTANA, FL 33462	Mailing Address 1425 W BRANCH ST LANTANA, FL 33462
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DO NOT WRITE IN THIS SPACE

40064449



03282006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-1133662	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SUCCE, CANESTE
1425 W BRANCH ST
LANTANA, FL 33462

DO NOT WRITE
IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SUCCE, CANESTE 1425 W BRANCH ST LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TORCHON, JACQUELINE 1292 RAINTREE LANE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHERILOS, MENACE 1425 W BRANCH ST LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 4-2-06 DAYTIME PHONE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR