

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000006093

FILED  
Apr 09, 2009  
Secretary of State

**Entity Name:** THE GOOD SHEPHERD HUMANITARIAN INCORPORATED

**Current Principal Place of Business:**

1425 W BRANCH ST  
LANTANA, FL 33462

**New Principal Place of Business:**

**Current Mailing Address:**

1425 W BRANCH ST  
LANTANA, FL 33462

**New Mailing Address:**

**FEI Number:** 65-1133662      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

SUCCE, CANESTE  
1425 W BRANCH ST  
LANTANA, FL 33462      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: CANESTE SUCCE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: SUCCE, CANESTE  
Address: 1425 W BRANCH ST  
City-St-Zip: LANTANA, FL 33462

Title: D      ( ) Delete  
Name: TORCHON, JACQUELINE  
Address: 1292 RAINTREE LANE  
City-St-Zip: WELLINGTON, FL 33414

Title: D      ( ) Delete  
Name: CHERILOS, MENACE  
Address: 1425 W BRANCH ST  
City-St-Zip: LANTANA, FL 33462

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PDS      (X) Change ( ) Addition  
Name: SUCCE, CANESTE  
Address: 1425 W BRANCH ST  
City-St-Zip: LANTANA, FL 33462

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: CANESTE SUCCE

P

04/09/2009

Electronic Signature of Signing Officer or Director

Date