


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

01-14-2004 90008 001 \*\*\*\*70.00

<b>DOCUMENT # N02000003762</b> 1. Entity Name <b>BROTHERS OF THE GOOD SHEPHERD OF HAITI, INC.</b>					
Principal Place of Business <b>680 NE 52 STREET MIAMI, FL 33137</b>			Mailing Address <b>680 NE 52 STREET MIAMI, FL 33137</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
4. FEI Number <b>APPLIED FOR 42-16164187</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01062004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent <b>CHARRON, JOSEPH J. 680 NE 52 STREET MIAMI, FL 33137</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	P	<input type="checkbox"/> Delete			
NAME	<b>SOMAN, ROGER</b>				
STREET ADDRESS	<b>700 BILTMORE WAY, SUITE 710</b>				
CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>				
TITLE	V	<input type="checkbox"/> Delete			
NAME	<b>JOLICOEUR, LUC</b>				
STREET ADDRESS	<b>680 NE 52 STREET</b>				
CITY-ST-ZIP	<b>MIAMI, FL 33137</b>				
TITLE	D	<input type="checkbox"/> Delete			
NAME	<b>SCULLY, BRENDAN</b>				
STREET ADDRESS	<b>680 NE 52 STREET</b>				
CITY-ST-ZIP	<b>MIAMI, FL 33137</b>				
TITLE	D	<input type="checkbox"/> Delete			
NAME	<b>MARCHAND, MAJELLA</b>				
STREET ADDRESS	<b>680 NE 52 STREET</b>				
CITY-ST-ZIP	<b>MIAMI, FL 33137</b>				
TITLE	SD	<input type="checkbox"/> Delete			
NAME	<b>CHARMON, JOSEPH</b>				
STREET ADDRESS	<b>680 NE 52 STREET</b>				
CITY-ST-ZIP	<b>MIAMI, FL 33137</b>				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE</b> <i>Brotherhood of the Good Shepherd of Haiti, Inc.</i> <b>1/7/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
PHILADELPHIA PA 19255-0023

Attachment

66402153  
NO2000003762

X

Date of this notice: 02-10-2004

Employer Identification Number:  
42-1616418

Form: SS-4

Number of this notice: CP 575 F

For assistance you may call us at:  
1-800-829-4933

BROTHERS OF THE GOOD SHEPHERD OF  
% JOSEPH CHARRON  
680 NE 52ND ST  
MIAMI FL 33137

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 42-1616418. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible, you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

#### IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records.
- \* Use this EIN and your name exactly as they appear above on all your federal tax forms.
- \* Refer to this EIN on your tax related correspondence and documents.

Thank you for your cooperation.