2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003762

FILED Feb 03, 2005 Secretary of State

Entity Name: BROTHERS OF THE GOOD SHEPHERD OF HAITI, INC.

New Principal Place of Business: Current Principal Place of Business:

680 NE 52 STREET MIAMI, FL 33137

Current Mailing Address: New Mailing Address:

680 NE 52 STREET MIAMI, FL 33137

FEI Number: 42-1616418 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

CHARRON, JOSEPH J MARCHAND, MAJELLA L 680 NE 52 STREET 680 NE 52 STREET MIAMI, FL 33137 MIAMI, FL 33137

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: MAJELLA L MARCHAND 02/03/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

SOMAN, ROGER MARCHAND, MAJELLA L Name: Name: 700 BILTMORE WAY, SUITE 710 Address: 680 NE 52ND ST Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: MIAMI, FL 33137

Title: Title: **VPRD** (X) Change () Addition () Delete JOLICOEUR, LUC Name: OSMANSKI, WILLIAM J Name:

Address: **680 NE 52 STREET** Address: **680 NE 52 STREET** City-St-Zip: MIAMI, FL 33137 City-St-Zip: MIAMI, FL 33137

Title: () Delete Title: SEC (X) Change () Addition SCULLY, BRENDAN MOORE, RICHARD Name: Name:

680 NE 52 STREET 680 NE 52 STREET Address: Address: City-St-Zip: MIAMI, FL 33137 City-St-Zip: MIAMI, FL 33137

Title: () Delete Title: **TRES** (X) Change () Addition

MARCHAND, MAJELLA Name: Name: SEARSON, CHARLES J **680 NE 52 STREET** 680 NE 52 STREET Address: Address: City-St-Zip: MIAMI, FL 33137 City-St-Zip: MIAMI, FL 33137

Title: () Delete Title: (X) Change () Addition

CHARMON, JOSEPH LUDWIG, ROBERT JR Name: Name: 680 NF 52 STREET 168 PARK DRIVE Address: Address: City-St-Zip: MIAMI, FL 33137 City-St-Zip: BEL HARBOUR, FL 33138

Title: () Delete Title: () Change (X) Addition SOMAN, ROGER Name:

Name:

Address: Address: 700 BILTMORE WAY-SUITE 710 CORAL GABLES, FL 33134 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MAJELLA L MARCHAND **PRES** 02/03/2005

Electronic Signature of Signing Officer or Director

Date