2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 04, 2005
Secretary of State

DOCUMENT# N02000003762

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

Current Principal Place of Business:

680 NE 52 STREET
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

680 NE 52 STREET
MIAMI, FL 33137

New Mailing Address:

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

Name and Address of Current Registered Agent:

MARCHAND, MAJELLA L
680 NE 52 STREET
MIAMI, FL 33137 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: PRES ( ) Delete
Name: MARCHAND, MAJELLA L
Address: 680 NE 52ND ST
City-St-Zip: MIAMI, FL 33137

Title: VPRD ( ) Delete
Name: OSMANSKI, WILLIAM J
Address: 680 NE 52 STREET
City-St-Zip: MIAMI, FL 33137

Title: SEC ( ) Delete
Name: MOORE, RICHARD
Address: 680 NE 52 STREET
City-St-Zip: MIAMI, FL 33137

Title: TRES ( ) Delete
Name: SEARSON, CHARLES J
Address: 680 NE 52 STREET
City-St-Zip: MIAMI, FL 33137

Title: D ( ) Delete
Name: LUDWIG, ROBERT JR
Address: 168 PARK DRIVE
City-St-Zip: BEL HARBOUR, FL 33138

Title: D ( ) Delete
Name: SOMAN, ROGER
Address: 700 BILTMORE WAY-SUITE 710
City-St-Zip: CORAL GABLES, FL 33134 US

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 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 02/04/2005
Electronic Signature of Signing Officer or Director — Date