


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90219 047 ****61.25

DOCUMENT # N03000008160					
1. Entity Name GOOD SHEPHERD OUTREACH FOUNDATION, INC.					
Principal Place of Business 8111 NE MIAMI CT MIAMI, FL 33138			Mailing Address 8111 NE MIAMI CT MIAMI, FL 33138		
2. Principal Place of Business 8111-NE-Miami Ct. Suite, Apt. #, etc. <i>NA</i> City & State <i>Miami, Fla</i> Zip <i>33161</i> Country <i>code</i>		3. Mailing Address 8111-NE-Miami Ct. Suite/Apt. #, etc. <i>NA</i> City & State <i>Miami, Fla</i> Zip <i>33138</i> Country <i>code</i>			
4. FEL Number 582682538				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOSEPH, ARNOLD 8111 NE MIAMI CT MIAMI, FL 33138			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State FL 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 <i>Joseph Arnold</i> Arnold Joseph Director/President 4/20/04 <small>Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSEPH, ARNOLD 14820 NE 5 AVE MIAMI, FL 33161	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, GUETTIE P 14820 NE 5 AVE MIAMI, FL 33161	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSELIN, ABNER 20561 NE 6 CT MIAMI, FL 33142	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE 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.					
SIGNATURE <i>Joseph Arnold</i> Arnold Joseph Director/President 4/20/04 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone</small>					

Ph. (305) 761 3621