


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000008160	
1. Entity Name GOOD SHEPHERD OUTREACH FOUNDATION, INC.	

Principal Place of Business 8111 NE MIAMI CT MIAMI, FL 33161	Mailing Address 8111 NE MIAMI CT MIAMI, FL 33161
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FILED
06 APR 27 AM 11:42

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



04172006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 58-2682538	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JOSEPH, ARNOLD 8111 NE MIAMI CT MIAMI, FL 33138
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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> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <i>4/25/06</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSEPH, ARNOLD 14820 NE 5 AVE MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, GUETTIE P 14820 NE 5 AVE MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSELIN, ABNER 20561 NE 6 CT MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <i>4/25/06</i> <small>Date</small>