

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008160

FILED  
Jan 11, 2008  
Secretary of State

**Entity Name:** GOOD SHEPHERD OUTREACH FOUNDATION, INC.

**Current Principal Place of Business:**

14820 NE 5TH AVE  
MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

14820 NE 5TH AVE  
MIAMI, FL 33161

**New Mailing Address:**

**FEI Number:** 58-2682538

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JOSEPH, GUETIE P  
14820 NE 5TH AVE  
MIAMI, FL 33161 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: PD ( ) Delete  
Name: JOSEPH, GUETIE P  
Address: 14820 NE 5 AVE  
City-St-Zip: MIAMI, FL 33161

Title: D ( ) Delete  
Name: AUGUSTIN, SUPRIAN  
Address: 14820 NE 5 AVE  
City-St-Zip: MIAMI, FL 33161

Title: D ( ) Delete  
Name: ROSELIN, ABNER  
Address: 20561 NE 6 CT  
City-St-Zip: MIAMI, FL 33142

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: VP ( ) Change (X) Addition  
Name: AUGUSTIN, SUPRIAN  
Address: 14820 NE 5TH AVE  
City-St-Zip: MIAMI, FL 33161

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GUETIE P JOSEPH

PRES

01/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date