2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# N03000008160

Entity Name: GOOD SHEPHERD OUTREACH FOUNDATION, INC.

Current Principal Place of Business:

14820 NE 5TH AVE
MIAMI, FL 33161

New Principal Place of Business:

5311 NW 17 AVENUE
MIAMI, FL 33142

Current Mailing Address:

14820 NE 5TH AVE
MIAMI, FL 33161

New Mailing Address:

14820 NE 5 AVNUE
MIAMI, FL 33161

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

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:

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 JOSEPH PD 02/04/2009

Electronic Signature of Signing Officer or Director — Date