

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012291

FILED
Apr 03, 2007
Secretary of State

Entity Name: INTERNATIONAL GOOD SHEPHERD, INC.

Current Principal Place of Business:

5060 SW 11TH PLACE
MARGATE, FL 33068

New Principal Place of Business:

Current Mailing Address:

5060 SW 11TH PLACE
MARGATE, FL 33068

New Mailing Address:

FEI Number: 20-4160205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAURANCY, JEAN K.
5060 SW 11TH PLACE
MARGATE, FL 33068 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: DC () Delete
Name: MAURANCY, JEAN K.
Address: 5060 SW 11TH PLACE
City-St-Zip: MARGATE, FL 33068

Title: DT () Delete
Name: MOLME, KENSON
Address: 1800 NW 19TH ST.
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: DS () Delete
Name: JULMIS, JOYCE
Address: 3080 CONGRESS PARK
City-St-Zip: LAKE WORK, FL 33461

Title: DM () Delete
Name: THABITHEAU, REGINALD
Address: 3662 W. DAVIE BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: DM () Delete
Name: OBAS, MARC A.
Address: 2421 SW 5TH PLACE
City-St-Zip: FT. LAUDERDALE, FL 33312

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: MEDITA MAURANCY

FOUN

04/03/2007

Electronic Signature of Signing Officer or Director

Date