2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N06000000607

Entity Name: THE GOOD SHEPERD FOR RECONSTRUCTION CORPORATION

Current Principal Place of Business:

648 NE 17TH AVE
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

648 NE 17TH AVE
FORT LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 76-0816660 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUSTAVE, ELES EXC.D/P
648 NE 17TH AVE
FORT LAUDERDALE, FL 33304 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:	S	( ) Delete
Name:	ANTOINE, PIERRE	
Address:	301 PALM WAY APT 103	
City-St-Zip:	PEMBROKE PINES, FL 33025 US	
Title:	VP	( ) Delete
Name:	ST-PIERRE, MARCELIN	
Address:	1528 NW 119TH ST APT 306	
City-St-Zip:	MIAMI, FL 33167 US	
Title:	DP	( ) Delete
Name:	GUSTAVE, ELES	
Address:	648 NE 17TH AVE	
City-St-Zip:	FORT LAUDERDALE, FL 33304 US	
Title:	T	( ) Delete
Name:	PAUL, MARIE-CLAUDE	
Address:	1260 NW 174TH ST	
City-St-Zip:	MIAMI, FL 33169 US	
Title:	D	( ) Delete
Name:	ISMA, GUY-ALAIN	
Address:	16341 NW 17TH STREET	
City-St-Zip:	PEMBROKE PINES, FL 33028 US	

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 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: ELES GUSTAVE PED 04/29/2009

Electronic Signature of Signing Officer or Director — Date