

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N32129** (1)

1. Corporation Name

**GOOD SHEPHERD OUTREACH, INC.**



Principal Place of Business

Mailing Address

**410 CHAPMAN RD. E.  
LUTZ FL 33549  
US**

**410 CHAPMAN RD. E.  
LUTZ FL 33549  
US**

3. Date Incorporated or Qualified

**05/05/1989**

4. FEI Number

**59-2966686**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

**21 Suite, Apt. #, etc.**

**26 P O BOX 270189**

**22 City & State**

**27 City & State**

**23 Zip**

**24 Country**

**28 Zip**

**29 Country**

**25**

**26**

**29**

**30**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**THORPE, JOHN H  
410 CHAPMAN RD. E.  
LUTZ FL 33549**

**81 Name**

**FRANK CIMINO JR**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**18523 CROOKED LN**

**83**

**84 City**

**LUTZ**

**FL**

**85 Zip Code**

**33549**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

**FRANK CIMINO JR**

(NOTE: Registered Agent signature required when reinstating)

**3/31/98**

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**TITLE** ☐ DELETE  
**NAME** **D**  
**STREET ADDRESS** **THORPE, JOHN H**  
**CITY-ST-ZIP** **410 CHAPMAN RD. E.  
LUTZ FL 33549**

**1.1 TITLE** ☐ Change ☐ Addition  
**1.2 NAME**  
**1.3 STREET ADDRESS**  
**1.4 CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME** **D**  
**STREET ADDRESS** **THORPE, ELIZABETH W**  
**CITY-ST-ZIP** **410 CHAPMAN RD. E.  
LUTZ FL 33549**

**2.1 TITLE** ☐ Change ☐ Addition  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME** **D**  
**STREET ADDRESS** **BROOKS, GEORGE D., JR.**  
**CITY-ST-ZIP** **410 CHAPMAN RD. E.  
LUTZ FL**

**3.1 TITLE** ☐ Change ☐ Addition  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME** **D**  
**STREET ADDRESS** **CIMINO, FRANK**  
**CITY-ST-ZIP** **18523 CROOKED LANE  
LUTZ FL 33549**

**4.1 TITLE** ☐ Change ☐ Addition  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**5.1 TITLE** ☐ Change ☐ Addition  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**6.1 TITLE** ☐ Change ☐ Addition  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**6.4 CITY-ST-ZIP**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**FRANK CIMINO JR 3/31/98 813 948082**

CR2E037 (10/97)