FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N51478** **(8)**

1. Corporation Name
FRIENDS OF THE GOOD SHEPHERD, INC.

Principal Place of Business	Mailing Address
844 BRICKELL PLAZA MIAMI FL 33131	844 BRICKELL PLAZA MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/26/1992
3a. Date of Last Report: 04/27/1994
4. FEI Number: 65-0401643 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1060 Brickell Ave	26 1060 Brickell Avenue
Suite/Apt. #, etc. 22 Suite 105	Suite, Apt. #, etc. 27 Suite 105
City & State 23 Miami, FL	City & State 28 Miami, Fl
Zip 24 33131 Country 25 Dade	Zip 29 33131 Country 30 Dade

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TRINITY COPING SERVICES, INC. 844 BRICKELL PLAZA MIAMI FL 33131	81 Name: Trinity Copying Services, Inc. 82 Street Address (P.O. Box Number is Not Acceptable): 1060 Brickell Avenue 83 Suite 105 84 City: Miami FL 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Vilma Wakeland — 4/5/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	TELFER-SINCLAIR, ELNIEDA	12 NAME	
STREET ADDRESS	8101 SW 72 AVE 118W	13 STREET ADDRESS	1060 Brickell Avenue, 105
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miami, FL 33131
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	CHIN, JENNIFER	22 NAME	
STREET ADDRESS	844 BRICKELL PLAZA	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	CHANCE, WINSOME	32 NAME	
STREET ADDRESS	7910 CAMINO REAL N407	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	Chin, Jennifer, Director	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS	1060 Brickell Ave, 105	43 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131	44 CITY-ST-ZIP	
TITLE	Wakeland, Vilma, Director	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS	1060 Brickell Avem 105	53 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Elnieda Telfer Sinclair — 2/18/95 — 530-9724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007048