

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N51478

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



Principal Place of Business
1000 BRICKELL AVE
STE 210
MIAMI, FL 33131 US

Mailing Address
1000 BRICKELL AVE
STE 210
MIAMI, FL 33131 US

FILED
Mar 05, 2004 08:00 AM
Secretary of State



01282004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0401643	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TELFER-SINCLAIR, ELNIEDA
1000 BRICKELL AVE.
SUITE 210
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Elnieda Telfer-Sinclair, President 9-15-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U00000077760
03/05/04-80056-018 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TELFER-SINCLAIR, ELNIEDA 1000 BRICKELL AVENUE STE 210 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHIN, JENNIFER 1000 BRICKELL AVENUE SUITE 210 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHILLIPS, BOHN 1000 BRICKELL AVE MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elnieda Telfer-Sinclair, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/04 305-530-9774
Date Daytime Phone #