


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N51478</b>	
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
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DO NOT WRITE IN THIS SPACE



02012005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0401643	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  TELFER-SINCLAIR, ELNIEDA 1000 BRICKELL AVE. SUITE 210 MIAMI, FL 33131
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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: <u>Elnieda Telfer Sinclair</u> <span style="float: right;">2/21/05</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> <span style="float: right;">DATE</span>

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	

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U00000317889  
04/20/05-80037-002 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Elnieda Telfer Sinclair</u>	2/21/05	305-530-9774
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
<small>Date Daytime Phone #</small>		