

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-03-2003 90434 006 ****70.00

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**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0401643**

Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$0.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**TELFER-SINCLAIR, ELNIEDA
1000 BRICKELL AVE
SUITE 104
MIAMI FL 33131**

**1500
210**

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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **TELFER-SINCLAIR, ELNIEDA**
STREET ADDRESS **1000 BRICKELL AVENUE STE 210**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete
NAME **CHIN, JENNIFER**
STREET ADDRESS **1000 BRICKELL AVENUE SUITE 210**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete
NAME **WAKELAND, VILMA**
STREET ADDRESS **1000 BRICKELL AVENUE SUITE 210**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME **Vilma has moved to Tampa**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **Bohn Phillips**
STREET ADDRESS **1000 Brickell Avenue**
CITY-ST-ZIP **Suite 210 Miami, FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **SIGNATURE: BOHN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03

Date

305-530-9774

Daytime Phone #

CR2E037 (10/02)