FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 13, 1999 8:00 am Secretary of State

05-13-1999 90048 048 ****70.00

3. Date incorporated or Qualifed

4. FEI Number

03/06/1995

DOCUMENT #

1. Corporation Name

GOOD SHEPHERD EDUCATIONAL MINISTRIES,	INC.
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26

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

21

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

2341 S Military Trail West Palm Beach, FL 33415 2341 S. Military Trail West Palm Beach, FL 33415

27						65-0562786		Not Applicable			
City & State City & State						5. Certificate of Status Desired	K	\$8.75 A	Additional		
Zip 24	Country 25	Zip 29	Countr	гý		Election Campaign Financing Trust Fund Contribution	 J	\$5.00 Added to			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent							
				1	Name				l		
Harris, J. Richard				92 Street Address (D.O. Boy Number in Not Assertable)							
4400 PGA Blvd				82 Street Address (P.O. Box Number is Not Acceptable)							
Suite 800				3							
Palm Beach Gardens, FL 33410				+				TT			
,				4	City		FL	85 Zip C	,ode		
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. (NOTE Registered Agent signature required when reinstating) DATE											
12.	OFFICERS AND		13.	-	anginataro roquiro	ADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12		
TITLE		₩ DELETE	1.1 TITLE	_				Change	☐ Addition		
NAME	Weiner, Carol		1.2 NAME	•	D	. 1 . 1 . 1 . 1					
2341 S. Military Trail			1.3 STREI	ETA	ADDOCCO .	ead, Donald			Ì		
CITY-ST-ZIP	West Palm Beach, FL	33415	14 CITY-		23	341 S. Military Trail			-		
TITLE	V	☐ DELETE	2.1 TITLE	_		st Palm Beach FL 33415	<u>5</u>	Change	Addition		
NAME	Schelling, Ozzie		2 2 NAME	=					_		
	2341 S. Military Trai	3	2.3 STRE		ADORESS I				(
CITY-ST-ZIP	West Palm Beach, FL 3		2. 4 CITY-								
TITLE	D D	₹ DELETE	3 1 TITLÉ		D			Change	Addition		
NAME	Rau, Launa K		3 2 NAME	Ę		man, Carol	•	Λ			
STREET ADDRESS	Nau, Laula N			ET A		41 S. Military Trail			, ·-		
CITY-ST-ZIP	West Palm Beach FL 33		3.4, CITY-	-ST-		st Palm Beach FL 33415	z.		ł		
TITLE	rest raum beach fu 33	☐ DELETE	4 1 TITLE		We	St Fall Deach fl 33413	,	Change	Addition		
NAME	Whitelean Konnoth D		4. 2 NAME	Ε					1		
STREET ADDRESS	Whitaker, Kenneth R	ז	4.3 STREE	ETA	ADDRESS)		
CITY-ST-ZIP	12341 Sa <u>Military Trai</u> West Palm Beach FL 33	4 15	4.4 CITY-	ST-	ZIP						
TITLE	D	DELETE.	5.1 TITLE		D			Change	Addition		
NAME	Smith, Carllene		5.2 NAME	=	Lu	cien, Ronald			{		
STREET ADDRES	2341 S. Military Trai	1	5.3 STREE	ETA		41 S. Military Trail			Į.		
CITY-ST-ZIP	West Palm Beach, FL 3		54 CITY-	ST-		st Palm Beach FL 33415	ــــــــــــــــــــــــــــــــــــــ				
TITLE	D	DELETE	6.1 TITLE					Change	Addition		
NAME	Szymanski, Ron		6.2 NAME	=							
STREET ADDRES	2341 S. Military Trai	1 .	6.3 STREE	ETA	ADDRESS						
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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, with all other like empowered.

NING OFFICER OR DIRECTOR

Daytime Phone #

Applied For