

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90187 034 ****61.25

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1. Entity Name

GOOD SHEPHERD EDUCATIONAL MINISTRIES, INC.



Principal Place of Business

**2341 S MILITARY TRAIL
WEST PALM BEACH FL 33415-7599**

Mailing Address

**2341 S MILITARY TRAIL
WEST PALM BEACH FL 33415-7599**

50023867



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0562786

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARRIS, J. RICHARD
4400 PGA BLVD.
SUITE 800
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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	V	<input type="checkbox"/> Delete
NAME	WHITAKER, KENNETH R	
STREET ADDRESS	2341 S MILITARY TRAIL	
CITY-ST-ZIP	WEST PALM BEACH FL 33415-7599	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TREXLER, LARRY	
STREET ADDRESS	2341 S MILITARY TRAIL	
CITY-ST-ZIP	WEST PALM BEACH FL 33415-7599	
TITLE	D	<input type="checkbox"/> Delete
NAME	VARNAORE, HENRY	
STREET ADDRESS	2341 S MILITARY TRAIL	
CITY-ST-ZIP	WEST PALM BEACH FL 33415-7599	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHELLING, OZZIE	
STREET ADDRESS	2341 S MILITARY TRAIL	
CITY-ST-ZIP	WEST PALM BEACH FL 33415-7599	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRONBORG, JEFFERY E	
STREET ADDRESS	2341 S MILITARY TRAIL	
CITY-ST-ZIP	WEST PALM BEACH FL 33415-7599	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIS, JULIA	
STREET ADDRESS	2341 S MILITARY TRAIL	
CITY-ST-ZIP	WEST PALM BEACH FL 33415-7599	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	(T)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUCE C. TISSOT	
STREET ADDRESS	2341 S. MILITARY TRAIL	
CITY-ST-ZIP	West Palm Beach, FL 33415	
TITLE	(D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROLYN MANGES	
STREET ADDRESS	2341 S. MILITARY TRAIL	
CITY-ST-ZIP	West Palm Beach, FL 33415	
TITLE	(D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWAN Denger	
STREET ADDRESS	2341 S. MILITARY TRAIL	
CITY-ST-ZIP	West Palm Beach, FL 33415	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ozzie Schelling / Ozzie Schelling / Chairman Trustees*

02-24-05

561-965-4311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #