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Apr 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000001003 (0)**

1. Corporation Name

GOOD SHEPHERD CORPORATION OF ORLANDO, INC.



Principal Place of Business

Mailing Address

**597-9 BABLONICA DR.
ORLANDO FL 32807**

**597-9 BABLONICA DR.
ORLANDO FL 32807-3348**

3. Date Incorporated or Qualified
02/22/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEBBER, DALE S ESQ.
101 EAST KENNEDY BLVD., SUITE 1030
TAMPA FL 33602**

81 Name

WEBBER, DALE S. ESQ

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

401 EAST JACKSON STREET, SUITE 2500

83

84 City

TAMPA

85 FL

Zip Code

33602

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 DIRECTORS

TITLE ☐ DELETE
NAME **President**
STREET ADDRESS **Sr. Mary Brigid Lawlor**
CITY-ST-ZIP **504 Hexton Hill Road**
Silver Spring, MD 20904

TITLE ☐ DELETE
NAME **Vice President**
STREET ADDRESS **Sr. Mary Rosaria Baxter**
CITY-ST-ZIP **4100 Maple Ave.**
Baltimore, MD 21227

TITLE ☐ DELETE
NAME **Secretary/Treasurer**
STREET ADDRESS **Sr. Mary Catherine Massei**
CITY-ST-ZIP **4100 Maple Avenue**
Baltimore, MD 21227

TITLE ☐ DELETE
NAME **Director**
STREET ADDRESS **Sr. Mary Loretta Clancy**
CITY-ST-ZIP **5356 Chew Avenue**
Philadelphia, PA 19138-2898

TITLE ☐ DELETE
NAME **Director**
STREET ADDRESS **Sr. Marilyn Kahl**
CITY-ST-ZIP **3244 Wanda Woods Drive**
Doraville, GA 30340

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

CR2E037 (9/96)