

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90019 042 ****70.00

DOCUMENT # N96000001003 1. Entity Name GOOD SHEPHERD CORPORATION OF ORLANDO, INC.					
Principal Place of Business 597-9 BABLONICA DR. ORLANDO, FL 32807			Mailing Address 597-9 BABLONICA DR. ORLANDO, FL 32807		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01072004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-3379851	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent WEBBER, DALE S ESQ. 401 E JACKSON ST STE 2500 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Jean E. Wilson, Esquire Street Address (P.O. Box Number is Not Acceptable) Nahors, Giblin & Nickerson P.A. 450 S. Orange Ave, STE 510 City Orlando, FL Zip Code 32801		
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.					
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE <small>(Signature, typed or printed name of registered agent and title if applicable)</small> </div> <div> DATE 02-23-04 <small>(NOTE: Registered Agent signature required when resigning)</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUSTIS, JOHN 8544 ASPEN AVENUE ORLANDO, FL 328171310	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRACE RHOADS, RGS 599 BABLONICA DRIVE ORLANDO, FL 328073345	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MATRAS, PETER 800 N. MAGNOLIA AVE. SUITE 1700 ORLANDO, FL 32803	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OLSON, RONDA 1218 VASSAR STREET ORLANDO, FL 32804	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Mayer, Rosemary OSM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition H 839 B Don Quixote Ave. Orlando, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAHL, MARILYN 3244 WANDA WOODS DR DORAVILLE, GA	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Castellana, Alphonse <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1712 Golfside Drive Winter Park, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
Sister Mary Teresa Floyd, Executive Director SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 02-23-04 Daytime Phone # 407-482-0452					

Attachment

#N96000001003

54010759

February 23, 2004

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Enclosed, please find the 2004 Not-For-Profit Corporation Annual Report for Good Shepherd Corporation of Orlando, Inc. Also enclosed is a check in the amount of \$70.00. Good Shepherd Corporation of Orlando is requesting a copy of the Certificate of Status.

Thank you for your attention to this matter.

Sincerely,



Sister Mary Teresa Floyd, RGS
Executive Director