

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90371 038 ****61.25

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**

40050931



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3379851

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILSON, JEAN E ESQ
GREENBERG - TRAUIG, P.A.
450 S. ORANGE AVE, STE 650
ORLANDO, FL 32801**

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 reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME CUSTIS, JOHN ☒ Delete
STREET ADDRESS 8544 ASPEN AVENUE
CITY-ST-ZIP ORLANDO, FL 328171310

TITLE PD ☒ Change ☒ Addition
NAME Gravois, John
STREET ADDRESS 1132 Valley Creek Run
CITY-ST-ZIP Winter Park, FL 32792 ☐ Change ☐ Addition

TITLE VD ☐ Delete
NAME RHODAS, GRACE RGS
STREET ADDRESS 599 BABLONICA DRIVE
CITY-ST-ZIP ORLANDO, FL 328073345

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

TITLE TD ☐ Delete
NAME MATRAS, PETER
STREET ADDRESS 800 N. MAGNOLIA AVE. SUITE 1700
CITY-ST-ZIP ORLANDO, FL 32803

TITLE TD ☒ Change ☐ Addition
NAME Mataras, Peter
STREET ADDRESS 605 Randan Terrace
CITY-ST-ZIP Lake Mary, FL 32746

TITLE SD ☒ Delete
NAME MAYER, ROSEMARY OSM
STREET ADDRESS 7901 SLOOP PLACE, #104
CITY-ST-ZIP ORLANDO, FL 32825

TITLE SD ☒ Change ☒ Addition
NAME Tansey, Margaret
STREET ADDRESS 221 Chesnut Ridge Street
CITY-ST-ZIP Winter Springs, FL 32708 ☐ Change ☐ Addition

TITLE O ☐ Delete
NAME CASTELLANA, ALPHONSE
STREET ADDRESS 1712 GOLFSIDE DRIVE
CITY-ST-ZIP WINTER PARK, FL 32792

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

TITLE D ☒ Delete
NAME FLOYD, MARY TERESA RGS
STREET ADDRESS 599 BABLONICA DRIVE
CITY-ST-ZIP ORLANDO, FL 32807

TITLE D ☒ Change ☒ Addition
NAME Sears-Tolbert, Charlene
STREET ADDRESS 599 Bablonica Drive
CITY-ST-ZIP Orlando, FL 32807

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Charlene Sears-Tolbert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407-482-0452

Daytime Phone #