

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001003

FILED
Mar 24, 2008
Secretary of State

Entity Name: GOOD SHEPHERD CORPORATION OF ORLANDO, INC.

Current Principal Place of Business:

597-9 BABLONICA DR.
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

597-9 BABLONICA DR.
ORLANDO, FL 32807

New Mailing Address:

FEI Number: 59-3379851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CASTELLANA, ALPHONSE
Address: 1712 GOLFSIDE DRIVE
City-St-Zip: WINTER PARK, FL 32792

Title: VD () Delete
Name: RHOADS, GRACE RGS
Address: 599 BABLONICA DRIVE
City-St-Zip: ORLANDO, FL 328073345

Title: TD () Delete
Name: MATARAS, PETER
Address: 605 RANDAN TERRACE
City-St-Zip: LAKE MARY, FL 32746

Title: SD () Delete
Name: O'SULLIVAN, THERESA
Address: 880 BAY LAKE COURT
City-St-Zip: CASSELBERRY, FL 32707

Title: O () Delete
Name: MCDANIEL, GAIL
Address: 1588 WARRINGTON STREET
City-St-Zip: WINTER SPRINGS, FL 32708

Title: ED () Delete
Name: SEARS-TOLBERT, CHARLENE
Address: 599 BABLONICA DR
City-St-Zip: ORLANDO, FL 32807

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MC CAIN, PHILECIA
Address: 4725 LUCIER COURT #1
City-St-Zip: WINTER PARK, FL 32792

Title: VD (X) Change () Addition
Name: RHOADS, GRACE RGS
Address: 5811 WILLOW LEAF DRIVE
City-St-Zip: ORLANDO, FL 32807

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O (X) Change () Addition
Name: MOLETTEIRE, PAUL
Address: 995 PARASOL PLACE
City-St-Zip: OVIEDO, FL 32766

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLENE SEARS-TOLBERT

ED

03/24/2008

Electronic Signature of Signing Officer or Director

Date