2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2003 8:00 am
Secretary of State
03-17-2003 91082 016 ****61.25

DOCUMENT # N96000001003

1. Entity 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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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
WEBBER, DALE S ESQ. 401 E JACKSON ST STE 2500 TAMPA FL 33602	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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BEASLEY, BARBARA 7654 NATURAL BRIDGE RD SAINT LOUIS MO 63121	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President D John Custis 8544 Aspen Avenue Orlando, FL 32817-1310	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MCQUAID, MARY CAROLYN 7654 NATURAL BRIDGE RD SAINT LOUIS MO 63121	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President D Grace Rhoads, RGS 599 Bablonica Drive Orlando, FL 32807-3345	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PUSHMAN, JANICE 7654 NATURAL BRIDGE RD SAINT LOUIS MO 63121	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer D Peter Mataras 800 N. Magnolia Ave. Suite 1700 Orlando, FL 32803	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MASSEI, CATHERINE 7654 NATURAL BRIDGE RD SAINT LOUIS MO 63121	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary D Ronda Olson 1218 Vassar Street Orlando, FL 32804	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAHL, MARILYN 3244 WANDA WOODS DR DORAVILLE GA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: By Mary Carolyn McQuaid 3/14/03 (314) 381-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #