

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90142 036 ****61.25

DOCUMENT # N97000000745					
1. Entity Name GOOD SHEPHERD OF SOUTHWEST FLORIDA, INC.					
Principal Place of Business 5461 TEXAS AVENUE NAPLES, FL 34113			Mailing Address P O BOX 10992 NAPLES, FL 34101 US		
2. Principal Place of Business 46 BENNINGTON DR Suite, Apt. #, etc. # 3		3. Mailing Address Suite, Apt. #, etc.			
City & State NAPLES, FL		City & State		4. FEI Number 65-0702646	
Zip 34104		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ST. LOUIS, RAPHAEL 5461 TEXAS AVENUE NAPLES, FL 34113			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 46 BENNINGTON DR # 3 City NAPLES FL Zip Code 34104		
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 <u>Raphael St Louis</u> DATE <u>2/15/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 PTD NAME ST. LOUIS, RAPHAEL STREET ADDRESS 5461 TEXAS AVENUE CITY-ST-ZIP NAPLES, FL 34113	<input type="checkbox"/> Delete		TITLE NAME 46 BENNINGTON DR # 3 STREET ADDRESS NAPLES, FL 34104 CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPSD NAME ST. LOUIS, ANALIA STREET ADDRESS 5461 TEXAS AVENUE CITY-ST-ZIP NAPLES, FL 34113	<input type="checkbox"/> Delete		TITLE NAME 46 BENNINGTON DR # 3 STREET ADDRESS NAPLES, FL 34104 CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ST LOUIS, MICHELET STREET ADDRESS ZEME RUELLE LARAQUE NO. 23 BLIS CITY-ST-ZIP PORT-AU-PRINCE, HAITI, WI	<input type="checkbox"/> Delete		TITLE NAME 46 BENNINGTON DR # 3 STREET ADDRESS NAPLES, FL 34104 CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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 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: <u>Raphael St Louis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>February 15, 2006</u> <small>Date Daytime Phone #</small>		