## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N98000002351

AMERICAN CATHOLIC DIOCESE OF THE GOOD SHEPHERD. INC.

## **FILED** Apr 29, 1999 8:00 am secretary of State

04-29-1999 90213 009 \*\*\*\*61.25

Principal Place of Business			Mailing Address				
7175 SO US HWY ONE #47 TITUSVILLE FL 32780			7175 SO US HWY ONE #47 TITUSVILLE FL 32780				
							Date Incorporated or Qualifed
2. Principal Place of Business			2a. Mailing Address				07/01/1998
21			Suite, Apt. #, etc.				4. FEI Number Applied For
Suite, Apt. #, etc.			7				Not Applicable
City & State			City & State				\$8.75 Additional
<b>¬</b> '			1 1				5. Certificate of Status Desired Fee Required
Zip Country			Zip Country				6. Election Campaign Financing \$5.00 May Be
24	25	29	· · ·	30			Trust Fund Contribution Added to Fees
24	9. Name and Address of Curre		<del></del>				10. Name and Address of New Registered Agent
				8	11	Name	,
NA IA IOCEDIA D			82 Street A			Street Add	dress (P.O. Box Number is Not Acceptable)
NAJA, JOSEPH D 7175 SO US HWY ONE #47			(62) 5			Siledi Auc	Auress (P.O. Box Hambor to Hot Australia)
TITUSVILLE FL 32780					13	* * *	
MOSVILLI	L 1 L 32700		•	-	- 4	City	85 Zip Code
			•	1	- }	City	FL
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its re-							
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-tamed corporation such it has been been described agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
11a. 12 las as -							
Algorithms typed or printed name afrecil ered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
12.	OFFICERS A	ND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	···	DELETE 1,1 TI		1,1 TITLE	E	1	PITTY AGE Change Addition
NAME	12		1.2 NAM	E		Herbert City Blud	
STREET ADDRESS				1.3 STRE	EET A	DDRESS 6	6175 N. Haron City Di
CITY-ST-ZIP			1.4 CITY	-ST-Z	ZIP /	Nelpourse PC 5274	
TITLE			☐ DELETE	2.1 TITLE		l L	V/D Change Addition
NAME				2.2 NAME			Toseph O. Naje was
STREET ADDRESS	•			2.3 STRE	EET A	DDRESS 3	7:1355 US-1 #32783
CITY-ST-ZIP				2. 4 CITY	/-\$T	ZIP	Titusville Fr 3210
TITLE			☐ DELETE	3.1 TITLE	E	5,	Change Addition
NAME				3.2 NAM	E	Ċ	come will fruith Rd
STREET ADDRESS				3.3 STRE	EET A	DORESS /	125 00 KLIPS 4 4 7 1
CITY-ST-ZIP				3.4. CIT)	/-ST-	ZIP	Orlando FL 32832
TITLE			☐ DELETE	4.1 TITL	E		☐ Change ☐ Addition
NAME				4, 2 NAM	Æ		
STREET ADDRESS	}			4.3 STR	EET A	ODRESS	
CITY-ST-ZIP				4.4 CITY	'-ST-2	ZIP	
TITLE			☐ DELETE	5.1 TITL		ľ	☐ Change ☐ Addition
NAME				5.2 NAM			
STREET ADDRESS	}			5.3 STR	EETA	ODRESS	
CITY-ST-ZIP				5.4 CITY		ZIP	
TITLE			☐ DELETE	6.1 TITL	E		☐ Change ☐ Addition
NAME	)			6.2 NAM	Œ	Ì	
STREET ADDRESS				6.3 STR	EETA	ODRESS	
CITY-ST-ZIP				6.4 CITY	'-ST-2	ZIP	

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

407-267-17.6 Daytime Phone #