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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N98000002351

1. Corporation Name

AMERICAN CATHOLIC DIOCESE OF THE GOOD SHEPHERD, INC.

Principal Place of Business
 7175 SO US HWY ONE #47
 TITUSVILLE FL 32780

Mailing Address
 7175 SO US HWY ONE #47
 TITUSVILLE FL 32780



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

07/01/1998

22 City & State

27 City & State

4. FEI Number

Applied For
 Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24

25

29

30

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NAJA, JOSEPH D
 7175 SO US HWY ONE #47
 TITUSVILLE FL 32780

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 registered office or registered 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.

SIGNATURE

Joseph D. Naja

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-99

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

*P/T/D
 Herbert T. Ayes
 6175 N. Harbor City Blvd
 Melbourne, FL 32940*

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

*V/D
 Joseph D. Naja
 7175 S US-1 #47
 Titusville, FL 32780*

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

*S/D
 Carmel Quigley
 12500 Kirby Smith Rd
 Orlando, FL 32832*

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 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: *Joseph D. Naja* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

423-99

407-264-1706

Date

Daytime Phone #

CR2E037 (11/98)