

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 16, 2001 08:00 AM****Secretary of State****DOCUMENT # N98000002351**1. Entity Name
AMERICAN CATHOLIC DIOCESE OF THE GOOD SHEPHERD, INC.

Principal Place of Business 12500 KIRBY SMITH RD ORLANDO FL 32832	Mailing Address 12500 KIRBY SMITH RD ORLANDO FL 32832
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2. Principal Place of Business 12500 KIRBY SMITH RD	3. Mailing Address 12500 KIRBY SMITH RD
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State ORLANDO FL	City & State ORLANDO FL
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Zip 32832	Country US	Zip 32832	Country US
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4. FEI Number 59-3505530	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentNAJA JOSEPH D
7175 SO US HWY ONE #47

TITUSVILLE FL
32780 US**7. Name and Address of New Registered Agent**Name
AGEE HERBERT T
Street Address (P.O. Box Number is Not Acceptable)
12500 KIRBY SMITH RD

City
ORLANDO FL Zip Code
32832

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.

SIGNATURE **H T AGE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

06/16/2001

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
Department of State****10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD QUIGLEY CARMEL 12500 KIRBY SMITH RD ORLANDO FL 32832 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NAJE JOSEPH O 7175 S. US 1 #87 TITUSVILLE FL 32785 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD AGEE HERBERT T 6175 N HARBOR CITY BLVD MELBOURNE FL 32940 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD QUIGLEY CARMEL L 12500 KIRBY SMITH RD ORLANDO FL 32832 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NAJA JOSEPH D 149 18TH AV S ST PETERSBURG FL 33705 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD AGEE HERBERT T 12500 KIRBY SMITH RD ORLANDO FL 32832 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(f), 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: H T AGE

PTD

06/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)