

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 09, 2004
Secretary of State**

DOCUMENT# N98000002351

Entity Name: AMERICAN CATHOLIC DIOCESE OF THE GOOD SHEPHERD, INC.

Current Principal Place of Business:

3000 34TH STREET SO.
SAINT PETERSBURG, FL 33715 US

New Principal Place of Business:

Current Mailing Address:

1616 21ST S.
#402
SAINT PETERSBURG, FL 33712 US

New Mailing Address:

FEI Number: 59-3505530 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAJA, JOSEPH D
1616 21ST SO.
#402
SAINT PETERSBURG, FL 33712 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: BURKETT, DAVID
Address: 8 25TH ST. SO.
City-St-Zip: SAINT PETERSBURG, FL 33712 US

Title: PD () Delete
Name: NAJA, JOSEPH D
Address: 1616 21ST SO., #402
City-St-Zip: SAINT PETERSBURG, FL 33712 US

Title: SD () Delete
Name: NICOLO, WILLIAM JR
Address: 6047 BAHIA DEL MAR BLVD. #163
City-St-Zip: SAINT PETERSBURG, FL 33715 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD () Change (X) Addition
Name: HEWES, WILLIAM
Address: 101 CENTRAL AVE
City-St-Zip: ST PETERSBURG, FL 33712 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM NICOLO, JR

SD

07/09/2004

Electronic Signature of Signing Officer or Director

Date