




2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Aug 31, 2005 8:00 am**  
**Secretary of State**

08-31-2005 90014 008 \*\*\*\*61.25

<b>DOCUMENT # N98000002351</b>					
1. Entity Name <b>AMERICAN CATHOLIC DIOCESE OF THE GOOD SHEPHERD, INC.</b>					
Principal Place of Business 3000 34TH STREET SO. SAINT PETERSBURG, FL 33715 US		Mailing Address 1616 21ST S. #402 SAINT PETERSBURG, FL 33712 US		<b>50064293</b>	
2. Principal Place of Business <b>878 52ND AVE NORTH</b>		3. Mailing Address <b>878 52ND AVE NORTH</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08262005 Chg-NP CR2E037 (10/03)	
City & State <b>ST. PETERSBURG, FL.</b>		City & State <b>ST. PETERSBURG, FL.</b>		4. FEI Number <b>59-3505530</b>	
Zip <b>33703</b>		Country <b>PIRELLAS</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>NAJA, JOSEPH D 1616 21ST SO. #402 SAINT PETERSBURG, FL 33712</b>			7. Name and Address of New Registered Agent Name <b>NAJA, JOSEPH D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>878 52ND AVE NORTH</b> City <b>ST. PETERSBURG, FL</b> Zip Code <b>33703</b>		
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 		DATE <b>August 26, 2005</b>			
Filing Fee is \$61.25 Due by September 7, 2005		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	VD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKETT, DAVID		NAME	NAJAJ, JOSEPH D.	
STREET ADDRESS	8 25TH ST. SO.		STREET ADDRESS	878 52ND AVE. N/A	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712		CITY-ST-ZIP	ST. PETERSBURG, FL. 33703	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	TD WILLIAM HEWES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAJA, JOSEPH D		NAME	312 NORTH LINCOLN AVE	
STREET ADDRESS	1616 21ST SO., #402		STREET ADDRESS	TAMPA, FL. 33609	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD LEVY, WILLIAM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICOLO, WILLIAM JR		NAME	2790 CORDOVA WAY SO.	
STREET ADDRESS	6047 BAHIA DEL MAR BLVD. #163		STREET ADDRESS	ST. PETERSBURG, FL. 33712	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33715		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	VD JOHN ROUNDTREE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEWES, WILLIAM		NAME	407 EAST HANNA AVE	
STREET ADDRESS	101 CENTRAL AVE		STREET ADDRESS	TAMPA, FL. 33604	
CITY-ST-ZIP	ST PETERSBURG, FL 33712		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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: 		JOSEPH D. NAJA		Date: <b>August 26, 2005</b> (727) 526-8481	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	