

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

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

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

DOCUMENT # N98000002351

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



Principal Place of Business
**3000 34TH STREET SO.
SAINT PETERSBURG, FL 33715 US**

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

50064293

2. Principal Place of Business
878 52ND AVE NORTH

3. Mailing Address
878 52ND AVE NORTH

Suite, Apt. #, etc.



08262005 Chg-NP CR2E037 (10/03)

City & State
ST. PETERSBURG, FL.

City & State
ST. PETERSBURG, FL.

Zip
33703

Country
FLORIDA

Zip
33703

Country
FLORIDA

4. FEI Number
59-3505530

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**NAJA, JOSEPH D
1616 21ST SO.
#402
SAINT PETERSBURG, FL 33712**

7. Name and Address of New Registered Agent
Name
NAJA, JOSEPH D.
Street Address (P.O. Box Number is Not Acceptable)
878 52ND AVE NORTH
City
ST. PETERSBURG, FL Zip Code
33703

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 *Joseph D Naja* DATE *August 26, 2005*
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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 NAME STREET ADDRESS CITY-ST-ZIP	VD BURKETT, DAVID 8 25TH ST. SO. SAINT PETERSBURG, FL 33712 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAJA, JOSEPH D. 878 52ND AVE. N ST. PETERSBURG, FL. 33703 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAJA, JOSEPH D 1616 21ST SO., #402 SAINT PETERSBURG, FL 33712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAM HEWES 312 NORTH LINCOLN AVE TAMPA, FL. 33609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NICOLA, WILLIAM JR 6047 BAHIA DEL MAR BLVD. #163 SAINT PETERSBURG, FL 33715 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEVY, WILLIAM 2790 CORDOVA WAY SO. ST. PETERSBURG, FL. 33712 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEWES, WILLIAM 101 CENTRAL AVE ST PETERSBURG, FL 33712 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHN ROUNDTREE 407 EAST HANNA AVE TAMPA, FL. 33604 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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)(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* **JOSEPH D. NAJA** *August 26, 2005* **526-8681**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #