


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90415 040 ****70.00

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DOCUMENT # N98000002351					
1. Entity Name AMERICAN CATHOLIC DIOCESE OF THE GOOD SHEPHERD, INC.					
Principal Place of Business 878 52ND AVENUE NORTH SAINT PETERSBURG, FL 33703 US		Mailing Address 878 52ND AVENUE NORTH SAINT PETERSBURG, FL 33703 US		04122006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-3505530 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NAJA, JOSEPH D 878 52ND AVENUE NORTH SAINT PETERSBURG, FL 33703				Name <i>Christopher Edgar</i> Street Address (P.O. Box Number is Not Acceptable) <i>2926 28th Avenue North</i> City <i>St. Petersburg</i> FL Zip Code <i>33713</i>	
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: <i>Christopher Edgar</i> <i>Christopher Edgar, Secretary/Director</i> 4-12-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROUNDTREE, JOHN		NAME	Richard L. mence	
STREET ADDRESS	407 EAST HANNA AVENUE		STREET ADDRESS	9125 Suffolk Lane	
CITY-ST-ZIP	TAMPA, FL 33604		CITY-ST-ZIP	Port Richey, FL 34668	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAJA, JOSEPH D		NAME		
STREET ADDRESS	878 52ND AVENUE NORTH		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LLEVY, WILLIAM		NAME	Christopher Edgar	
STREET ADDRESS	2790 CORDOVA WAY SOUTH		STREET ADDRESS	2926 28th Avenue North	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712		CITY-ST-ZIP	St. Petersburg, FL 33713	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEWES, WILLIAM		NAME	Jeffrey E. Ray	
STREET ADDRESS	312 NORTH LINCOLN AVENUE		STREET ADDRESS	8500 Belcher Rd. #1808	
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP	Diwellas Park, FL 33781	
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 exemptions contained in Chapter 119, 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: <i>Joseph D. Naja, Pres./Dir.</i> April 12, 2006 727-252-4094 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					