2007 NOT-FOR-PROFIT CORPORATION

FILED Apr 18, 2007 8:00 am Secretary of State 04-18-2007 90195 029 ****61.25

ANNUAL	Secret	ary of State		
DOCUMENT # N98000002 1. Entity Name AMERICAN CATHOLIC DIOCESE OF SHEPHERD, INC.				7 90195 029 ****61.25
Principal Place of Business 878 52ND AVENUE NORTH SAINT PETERSBURG, FL 33703 US	Mailing Address 878 52ND AVENUE NORTH SAINT PETERSBURG, FL 3370	O3 US	30-	
2. Principal Place of Business - No P.O. Box # 300 3411 Street South Suite, Apr. #, etc.	3. Mailing Address PO Box 530 Suite, Apt. #, etc.	501		
C-102			04112007 Chg-NP	CR2E037 (12/06)

3000 3	4th Street South	PO Dox 5.	30501					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04112007 Chg-	NP CR2E037 (12/06	1		
City & State		City & State 🐧		4. FEI Number	· ·	Applied For		
	Petensbung FL So		sburg, Fl	59-3505530	}— ‡-	Not Applicable		
3371)	Country USA	Zip 33747	Country	5. Certificate of Statu	s Desired	dditional red		
	6. Name and Address of Current Regist	ered Agent		7. Name and Addres	s of New Registered Agent			
EDGAR C	HRISTOPHER		Name					
	I AVE NORTH		Street Addres	s (P.O. Box Number is Not	Acceptable)			
SAINT PETERSBURG, FL 33713								
			City		FL Zip Co	ode		
8. The above	named entity submits this statement for the pr	urpose of changing its re	gistered office or regis	stered agent, or both, in the	State of Florida. I am familiar wit	h, and accept		
the obligat	ions of registered agent.	•						
SIGNATURE .	Chatur Sh	\sim π	Mistonh	ren EdoAR	4-12-07	-		
SIGNATURE .	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: R	legistered Agent signature requ	uired when reinstating	DATE	· · · · · · · · · · · · · · · · · · ·		
		1 2 5 1 2						
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Cor		\$5.00 May Be Added to Fees	Make check payable Florida Department of			
10.	OFFICERS AND DIRECTO		11.		•			
TITLE	VD OFFICERS AND DIRECTO	Delete	TITLE 5		TO OFFICERS AND DIRECTORS			
NAME	MENCE, RICHARD L	CT Delete	NAME A	DA JUAN	_ ,	Addition		
STREET ADDRESS	9125 SUFFOLK LANE		STREET ADDRESS 35	519 20th Stre	eet N.			
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP 5A	int Petensbu	ing, FL 33713	3		
TITLE	PD	☐ Delete	TITLE D		☐ Change	Addition		
NAME					_ Change			
	NAJA, JOSEPH D		NAME 5	cott C.S. Suv	er	J		
STREET ADDRESS	878 52ND AVENUE NORTH	_ 555	NAME 5	of C.S. 500 Box 530501	er	J2 (10011/511		
CITY-ST-ZIP	878 52ND AVENUE NORTH SAINT PETERSBURG, FL 33703		NAME STREET ADDRESS CITY-ST-ZIP	Box 530501 Lint Refers bu	er ng, FL 33747			
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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 if 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: (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR