


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90195 029 ****61.25

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

2. Principal Place of Business - No P.O. Box #
3000 34th Street South

3. Mailing Address
PO Box 530501

Suite, Apt. #, etc.
C-102

Suite, Apt. #, etc.

City & State
SAINT PETERSBURG FL

City & State
Saint Petersburg, FL

Zip
33711

Country
USA

Zip
33747

Country
USA



04112007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

EDGAR, CHRISTOPHER
2926 28TH AVE NORTH
SAINT PETERSBURG, FL 33713

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *Christopher Edgar* **TD Christopher Edgar** **4-12-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MENCE, RICHARD L 9125 SUFFOLK LANE PORT RICHEY, FL 34668	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAJA, JOSEPH D 878 52ND AVENUE NORTH SAINT PETERSBURG, FL 33703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EDGAR, CHRISTOPHER 2926 28TH AVE N SAINT PETERSBURG, FL 33713	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAY, JEFFREY E 8500 BELCHER RD #1808 PINELLAS PARK, FL 33781	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALAN JUAN 3519 20th Street N. SAINT PETERSBURG, FL 33713	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Scott C.S. Saver PO Box 530501 Saint Petersburg, FL 33747	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Edgar, Christopher 2926 28th Ave N SAINT PETERSBURG, FL 33713	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 lists empowered.

SIGNATURE: *Christopher Edgar* **TD Christopher Edgar** **4-12-07** **322-6437**

Signature and typed or printed name of signing officer or director Date Daytime Phone #