

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90108 044 ****61.25

DOCUMENT # N98000002351

1. Entity Name

AMERICAN CATHOLIC DIOCESE OF THE GOOD SHEPHERD,
INC.



Principal Place of Business

12500 KIRBY SMITH RD
ORLANDO FL 32832
US

Mailing Address

12500 KIRBY SMITH RD
ORLANDO FL 32832
US

2. Principal Place of Business

3000 34th St. So.

3. Mailing Address

1616 21st St. So.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL.

City & State

ST. PETERSBURG, FL.

Zip

33715

Country

FLORIDA

Zip

33712

Country

FLORIDA

4. FEI Number

59-3505530

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

AGEE, HERBERT T
12500 KIRBY SMITH RD
ORLANDO FL 32832

7. Name and Address of New Registered Agent

Name JOSEPH D. NAJA

Street Address (P.O. Box Number is Not Acceptable) 1616 21st St. So. #402

City

ST. PETERSBURG, FL

Zip Code

33712

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, PRES

(NOTE: Registered Agent signature required when reinstating)

DATE

JUNE 3, 2003

FILE NOW: FEE IS \$61.25

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	PTD	<input checked="" type="checkbox"/> Delete
NAME	AGEE, HERBERT T	
STREET ADDRESS	12500 KIRBY SMITH RD	
CITY-ST-ZIP	ORLANDO FL 32832	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NAJA, JOSEPH D	
STREET ADDRESS	149 18TH AV S	
CITY-ST-ZIP	ST PETERSBURG FL 33705	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	QUIGLEY, CARMEL L	
STREET ADDRESS	12500 KIRBY SMITH RD	
CITY-ST-ZIP	ORLANDO FL 32832	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID BURKETT	
STREET ADDRESS	8 25th St. So.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33712	
TITLE	PRES / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH D. NAJA	
STREET ADDRESS	1616 21st St. So. #402	
CITY-ST-ZIP	ST. PETERSBURG, FL 33712	
TITLE	S/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Nicolo JR	
STREET ADDRESS	6047 Bahia del Mar Blvd #163	
CITY-ST-ZIP	ST PETERSBURG FL 33715	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Signature Required

JUNE 3, 2003 (727) 895-

CR2E037 (10/02)