2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# N98000003313

Entity Name: FRIENDS OF GOOD SHEPHERD MOBAY, INC.

Current Principal Place of Business:

3881 SW 144 TERRACE
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

PO BOX 278844
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 65-0844632 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PRICE, DAVID T ESQ.
550 S.W. 12TH AVE.
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: BUTEAU, MARIE
Address: 3881 SW 144 TERRACE
City-St-Zip: MIRAMAR, FL 33027

Title: DVP (X) Delete
Name: LOVEMORE, JENIFER
Address: 16737 NW 10TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: DT ( ) Delete
Name: HUGH, NORBERT
Address: 7075 SW 147 CT
City-St-Zip: MIAMI, FL 33193

Title: SD ( ) Delete
Name: WILSON, LORNA
Address: 4440 NW 4TH CT
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change ( ) Addition
Name: GAREL, ALVIN
Address: 4462 NW 99 WAY
City-St-Zip: SUNRISE, FL 33351

Title: SD (X) Change ( ) Addition
Name: GAREL, MARVA
Address: 4462 NW 99 WAY
City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIE BUTEAU PRES 04/27/2004

Electronic Signature of Signing Officer or Director — Date