FILED
May 13, 2005 08:00 AM
Secretary of State

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000003313

1. Entity Name
FRIENDS OF GOOD SHEPHERD MOBAY, INC.

Principal Place of Business	Mailing Address
3881 SW 144 TERRACE MIRAMAR, FL 33027	PO BOX 278844 MIRAMAR, FL 33027

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05092005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0844632
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

5. Name and Address of Current Registered Agent

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

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

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BUTEAU, MARIE
STREET ADDRESS	3881 SW 144 TERRACE
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	DT
NAME	GAREL, ALVIN
STREET ADDRESS	4462 NW 99 WAY
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	SD
NAME	GAREL, MARVA
STREET ADDRESS	4462 NW 99 WAY
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/13/05-80004-023 61.25

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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: Alvin Garel ALVIN GAREL 5 10 05 954 923 6556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #