2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State
04-20-2006 90190 020 ****61.25

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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

400030

02142006 No Chg-NP CR2E037 (11/05)

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

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

6. 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 _____
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, 2006

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 OMIT
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	SD
NAME	PATRICIA STEELE
STREET ADDRESS	1910 S.W. 96 AVE.
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 like empowered.

SIGNATURE: Alma V. Garel 954 829 6583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #