## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000003313

FILED Sep 16, 2009 Secretary of State

Entity Name: FRIENDS OF GOOD SHEPHERD MOBAY, INC. **Current Principal Place of Business: New Principal Place of Business:** 3881 SW 144 TERRACE MIRAMAR, FL 33027 **Current Mailing Address: New Mailing Address:** PO BOX 278844 MIRAMAR, FL 33027 FEI Number: 65-0844632 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PRICE, DAVID T ESQ. 550 S.W. 12TH AVE. DEERFIELD BEACH, FL 33442 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BUTEAU, MARIE Name: Name: Address: 3881 SW 144 TERRACE Address: City-St-Zip: MIRAMAR, FL 33027 City-St-Zip: Title: DT Title: ( ) Delete () Change () Addition Name: GAREL, ALVIN Name: Address: 4462 NW 99 WAY Address: City-St-Zip: SUNRISE, FL 33351 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition STEELE, PATRICIA Name: DAVIS, JACQUES Name: 1910 SW 96 AVE 6748 RED REEF STREET Address: Address: City-St-Zip: HOLLYWOOD, FL 33025 City-St-Zip: LAKE WORTH, FL 33313 ( ) Delete Title: Title: SD ( ) Change (X) Addition Name: Name: KONG, ELAINE M 12540 SW 125 STREET Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 DP 09/16/2009