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

FILED
May 13, 2003 8:00 am
Secretary of State
05-13-2003 90047 001 ****70.00

DOCUMENT # N98000003313

1. Entity Name

Friends of Good Shepherd Mobay, Inc.

90133468

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3881 SW 144 Terrace	P. O. Box 278844
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miramar FL	City & State: Miramar FL
Zip: 33027 Country: US	Zip: 33027 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-084463200 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Price, David T. Esq.

Street Address (P.O. Box Number is Not Acceptable): 550 SW 12th Ave

City: Deerfield Beach FL Zip Code: 33442

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.

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

FEE IS $61.25
Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D President Marie Buteau 3881 SW 144 Terrace Miramar, FL 33027	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Vice President Jenifer Lovemore 16737 NW 10th Street Pembroke Pines FL 33028	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Secretary Lorna Wilson 4440 NW 4th CT Plantation FL 33317	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Treasurer Norbert Hugh 7075 SW 147 Ct Miami FL 33193	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Marie Buteau Marie Buteau President 04/28/03 305 836 6216 x 16

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #