

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90241 025 ****61.25

DOCUMENT # N99000001448

1. Entity Name
MINISTRY OF THE GOOD SHEPHERD, INC.



Principal Place of Business
**1106 S.W. 12TH ROAD
BOCA RATON, FL 33486**

Mailing Address
**1106 S.W. 12TH ROAD
BOCA RATON, FL 33486**

54030210



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04082004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0877749

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WENZEL, KENNETH A
980 N. FEDERAL HIGHWAY
SUITE 440
BOCA RATON, FL 33432**

Name **EDWARD T. HEEMSKERK**

Street Address (P.O. Box Number is Not Acceptable)
1106 S.W. 12 ROAD

City **BOCA RATON**

FL

Zip Code **33486**

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 **EDWARD T. HEEMSKERK**

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **HEEMSKERK, EDWARD T**
STREET ADDRESS **1106 S.W. 12TH ROAD**
CITY-ST-ZIP **BOCA RATON, FL 33486**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **KATHERINE M. MURPHY**
STREET ADDRESS **370 SW 3RD ST**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE **D** ☒ Delete
NAME **HEEMSKERK, EILEEN**
STREET ADDRESS **1291 S.W. 9TH STREET**
CITY-ST-ZIP **BOCA RATON, FL 33486**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **EDY J. HEEMSKERK**
STREET ADDRESS **1106 SW 12 ROAD**
CITY-ST-ZIP **BOCA RATON, FL 33486**

TITLE **D** ☐ Delete
NAME **COMISKEY, WILLIAM F**
STREET ADDRESS **735 AURELIA STREET**
CITY-ST-ZIP **BOCA RATON, FL 33486**

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **JENNIE M. GUASTELLA**
STREET ADDRESS **1100 NW 13 ST. # 286-0**
CITY-ST-ZIP **BOCA RATON, FL 33486**

TITLE **D** ☒ Delete
NAME **BEATY, JAMES D**
STREET ADDRESS **3702 N.E. 5TH DRIVE**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **E. T. HEEMSKERK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-395-1661