

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001448

FILED  
Apr 17, 2007  
Secretary of State

**Entity Name:** MINISTRY OF THE GOOD SHEPHERD, INC.

**Current Principal Place of Business:**

398 NW 35 PLACE  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

398 NW 35 PLACE  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** 65-0877749

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HELMSKERK, EDWARD T  
398 N# 35 PLACE  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

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:**

Title: D ( ) Delete  
Name: HEEMSKERK, EDWARD T  
Address: 398 NW 35 PLAVE  
City-St-Zip: BOCA RATON, FL 33431

Title: D ( ) Delete  
Name: MURPHY, KATHERINE M  
Address: 370 SW 3RD ST.  
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete  
Name: COMISKEY, WILLIAM F  
Address: 735 AURELIA STREET  
City-St-Zip: BOCA RATON, FL 33486

Title: S ( ) Delete  
Name: HEEMSKERK, BETTY J  
Address: 398 NW 35 PLACE  
City-St-Zip: BOCA RATON, FL 33431

Title: T ( ) Delete  
Name: GUASTELLA, JENNIE M  
Address: 1100 NE 13 ST., #286-D  
City-St-Zip: BOCA RATON, FL 33486

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: EDWARD T HEEMSKERK

DIR

04/17/2007

Electronic Signature of Signing Officer or Director

Date