

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000005026

Entity Name: GOOD SHEPHERD INTERNATIONAL HEALTH FOUNDATION, INC.

FILED
Apr 02, 2015
Secretary of State
CC3286069422

Current Principal Place of Business:

16800 NW 2ND AVE #107
NORTH MIAMI BEACH, FL 33169

Current Mailing Address:

6080 SW 180 TERRACE
SOUTHWEST RANCHES, FL 33331 US

FEI Number: 27-2716803

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DELVA, ROSE L
16800 NW 2ND AVE #107
NORTH MIAMI BEACH, FL 33169 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

Officer/Director Detail :

Title DP
Name DELVA, ROSE LDR
Address PO BOX 640204
City-State-Zip: MIAMI FL 33164

Title DTS
Name DELVA, GESNER DR
Address PO BOX 640204
City-State-Zip: MIAMI FL 33164

Title D
Name ANN, DR JUDITH PHD
Address PO BOX 640204
City-State-Zip: MIAMI FL 33164

Title D
Name SYLVESTER, DR LORNITTA PSYD
Address PO BOX 640204
City-State-Zip: MIAMI FL 33164

Title D
Name THERMIDOR, SAUL DESQ
Address PO BOX 640204
City-State-Zip: MIAMI FL 33164

Title D
Name KING, MIMAUDE RN
Address PO BOX 640204
City-State-Zip: MIAMI FL 33164

I hereby 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 all other like empowered.

SIGNATURE: GESNER DELVA

DTS

04/02/2015

Electronic Signature of Signing Officer/Director Detail

Date