

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 APR 27 PM 12: 11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 738500 (8)**

1. Corporation Name  
**GOOD SAMARITAN MISSION SERVICES, INC.**

Principal Place of Business Mailing Address  
**8323 SAND LAKE ROAD ORLANDO FL 32819-2099**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/29/1977** 3a. Date of Last Report **03/16/1994**  
4. FEI Number **59-1735929** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$0.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

**9. Name and Address of Current Registered Agent**

**ABNEY, A. CHESTER  
8300 SW 62ND AVE.  
MIAMI FL 33143**

**10. Name and Address of New Registered Agent**

81 Name **Richard S. Brannon, Th.D.**  
82 Street Address (P.O. Box Number is Not Acceptable) **8323 Sand Lake Road**  
83  
84 City **Orlando** FL 85 Zip Code **32819**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Richard S. Brannon **Richard S. Brannon, Agent** **April 21, 1995**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS** **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRANNON, RICHARD S.</b>	1.2 NAME	
STREET ADDRESS	<b>8323 SAND LAKE ROAD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HATLEY, DR JAMES W</b>	2.2 NAME	<b>Director Emeritus</b>
STREET ADDRESS	<b>5262 BEAR'S PAW CIRCLE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MEMPHIS TN</b>	2.4 CITY - ST - ZIP	
TITLE	<b>SD</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABNEY, A. CHESTER</b>	3.2 NAME	<b>Deceased</b>
STREET ADDRESS	<b>8300 S.W. 62ND AVE.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOREMUS, THEODORE</b>	4.2 NAME	<b>S/D Director/Secretary</b>
STREET ADDRESS	<b>1204 INA LANE.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MCLEAN VA</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEOWN, HAROLD E.</b>	5.2 NAME	<b>C/D Director/Chairman</b>
STREET ADDRESS	<b>141 DEANNA COURT.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LAWRENCEVILLE GA</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRYANT, REV. PHILIP</b>	6.2 NAME	<b>T/D Director/Treasurer</b>
STREET ADDRESS	<b>199 ASHLEY DRIVE</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SUMMERVILLE SC</b>	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 or changed, or in an attachment with an address.

SIGNATURE: Richard S. Brannon **President** **April 21, 1995** **(407) 351-0611**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

738500

**New Director:**

A. E. Langley            D  
1831 Bett Mar  
Winter Park, Florida 32789