

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90047 010 ****61.25

DOCUMENT # 738500

1. Entity Name

GOOD SAMARITAN MISSION SERVICES, INC.

Principal Place of Business

Mailing Address

**8323 SAND LAKE ROAD
 ORLANDO FL 32819-2099**

**8323 SAND LAKE ROAD
 ORLANDO FL 32819-2099**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1735929**

Applied For

Not Applicable

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

**RICHARD S. BRANNON, TH.D.
 8323 SAND LAKE RD
 ORLANDO FL 32819**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Richard S. Brannon

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	LANGLEY, A.E.	
STREET ADDRESS	1831 BETT MAR	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DOREMUS, THEODORE	
STREET ADDRESS	1204 INA LANE,	
CITY-ST-ZIP	MCLEAN VA	
TITLE	CD	<input type="checkbox"/> Delete
NAME	KEOWN, HAROLD E.	
STREET ADDRESS	141 DEANNA COURT.	
CITY-ST-ZIP	LAWRENCEVILLE GA	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRYANT, REV. PHILIP	
STREET ADDRESS	199 ASHLEY DRIVE	
CITY-ST-ZIP	SUMMERVILLE SC	
TITLE	EVPD	<input type="checkbox"/> Delete
NAME	BRANNON, STUART A	
STREET ADDRESS	8323 SAND LAKE ROAD	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Stuart Brannon
REQUIRE STUART BRANNON

1/18/02 407-351-0611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)