

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738500

FILED
Apr 05, 2007
Secretary of State

Entity Name: GOOD SAMARITAN MISSION SERVICES, INC.

Current Principal Place of Business:

8323 SAND LAKE ROAD
ORLANDO, FL 328192099

New Principal Place of Business:

Current Mailing Address:

8323 SAND LAKE ROAD
ORLANDO, FL 328192099

New Mailing Address:

FEI Number: 59-1735929 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRANNON, RICHARD S THD
8323 SAND LAKE RD
ORLANDO, FL 32819 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: LANGLEY, A.E.
Address: 1831 BETT MAR
City-St-Zip: WINTER PARK, FL

Title: SD () Delete
Name: DOREMUS, THEODORE,
Address: 1204 INA LANE.
City-St-Zip: MCLEAN, VA

Title: CD () Delete
Name: KEOWN, HAROLD E.,
Address: 17210 A GENITO
City-St-Zip: MOSELEY, VA 23120

Title: TD () Delete
Name: BRYANT, REV. PHILIP,
Address: PO BOX 128
City-St-Zip: ADAMS RUN, SC 29426

Title: EVPD () Delete
Name: BRANNON, STUART A
Address: 8323 SAND LAKE ROAD
City-St-Zip: ORLANDO, FL 32819

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:

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: STUART BRANNON

EVPD

04/05/2007

Electronic Signature of Signing Officer or Director

_____ Date