

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90109 029 ****61.25

DOCUMENT # 738500

1. Entity Name
GOOD SAMARITAN MISSION SERVICES, INC.



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

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State



CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRYANT, REV. PHILIP 125 BEAUFAIN ST. CHARLESTON S.C. 29401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 A. Brannon 4-21-03 (407) 351 0611

CR2E037 (10/02)