

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

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

06-02-2003 90200 005 ****75.00

DOCUMENT # N02000003391
1. Entity Name
GOOD SAMARITAN OUTREACH CENTER, INC.



55049757

Principal Place of Business
**420 SW 62 AVE
MARGATE FL 33068**

Mailing Address
**420 SW 62 AVE
MARGATE FL 33068**



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

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

CHECK HERE IF MAKING CHANGES

City & State
Zip Country

4. FEI Number
04-3658442

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DUCTAN, ZENAS SENIOR PASTEUR
420 SW 62 AVE
MARGATE FL**

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 true 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: D NAME: ZENAS, DUCTAN SENIOR PASTEUR STREET ADDRESS: 420 SW 62 AVE CITY-ST-ZIP: MARGATE FL 33068 | <input type="checkbox"/> Delete |
| TITLE: VSC NAME: JOSEPH, LUDERS STREET ADDRESS: 420 SW 62 AVE CITY-ST-ZIP: MARGATE FL 33068 | <input type="checkbox"/> Delete |
| TITLE: D, CL NAME: DUCTAN, ETHA STREET ADDRESS: 420 SW 62 AVE CITY-ST-ZIP: MARGATE FL 33068 | <input type="checkbox"/> Delete |
| TITLE: CL NAME: DANTES, JOEL STREET ADDRESS: 1441 NW 19TH ST #131 CITY-ST-ZIP: MIAMI FL 33125 | <input type="checkbox"/> Delete |
| TITLE: CL NAME: NORDELUS, ELIANA STREET ADDRESS: 420 SW 62 AVE CITY-ST-ZIP: MARGATE FL 33068 | <input type="checkbox"/> Delete |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete |

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: D NAME: PASTEUR ASSISTANT STREET ADDRESS: CONSTANE DORLEANS CITY-ST-ZIP: 3540 WASHINGTON SE # B 111 HOLLYWOOD, FL 33021 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: PASTEUR ADMINISTRATOR STREET ADDRESS: YVES CARRENAUD CITY-ST-ZIP: 7517 S.W. 6 ST N. LAUDERDALE FL 33068 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: FR NAME: FRANCE & BORDEUS STREET ADDRESS: 7437 S.W. 12 ST CITY-ST-ZIP: N LAUDERDALE FL 33068 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: CL NAME: NUSETTE Belizaire STREET ADDRESS: 420 S.W. 62 AVE CITY-ST-ZIP: MARGATE FL 33068 | <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: ZIGEAN/PASTEUR/DUCTAN MAY 03 (954) 822-3512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)

Attachment 55049757

#NO 2000003391

Zenas Ductan
420 SW 62nd Avenue
Margate, FL 33068

May 30, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Request to Change the Name of the Organization
EIN#: 04-3658442

To Whom It May Concern:

As of June 1, 2003, I, Zenas Ductan, request a change of Name for the organization, Good Samaritan Outreach Center, Inc to "Eglise Baptiste Haitienne du Pelerin", which mean Pigrims Haitian Baptist Church.

Should you have any questions, please contact me at 954-974-5694 or mobile 954-822-3512.

Sincerely,



Zenas Ductan
Senior Pastor