

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N02000006158

1. Entity Name

THE GOOD SAMARITAN PRAYER BAND INC.



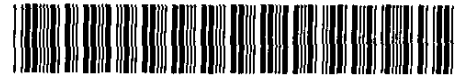
FILED
Mar 01, 2007 08:00 AM
Secretary of State

Principal Place of Business

2521 CENTRAL AVE
SARASOTA FL 34234

Mailing Address

2521 CENTRAL AVE
SARASOTA FL 34234



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

05-0529520

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MC GEE, SARAH A
2521 CENTRAL AVE
SARASOTA FL 34234

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

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 PD ☐ Delete
NAME MC GEE, SARAH A
STREET ADDRESS 2521 CENTRAL AVE
CITY-STATE-ZIP SARASOTA FL 34234

TITLE VD ☐ Delete
NAME MC GEE, BUCK
STREET ADDRESS 2521 CENTRAL AVE
CITY-STATE-ZIP SARASOTA FL 34234

TITLE TD ☐ Delete
NAME RANDALL, JOSEPH L
STREET ADDRESS 2146 N TUTTLE AVE
CITY-STATE-ZIP SARASOTA FL 34234

TITLE SD ☐ Delete
NAME COATS, MYRTLE
STREET ADDRESS 1445 17 ST
CITY-STATE-ZIP SARASOTA FL 34234

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
U000000652780
03/12/07-80031-025 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Sarah A McGee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-07

944-365-6046

Date

Daytime Phone #