

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 04, 2006
Secretary of State**

DOCUMENT# N03000001823

Entity Name: THE GOOD SAMARITAN PROJECT, INC.

Current Principal Place of Business:

1202 S CENTRAL AVE
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

1202 S CENTRAL AVE
APOPKA, FL 32703

New Mailing Address:

FEI Number: 30-0160372 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODS, SHIRLEY R
1540 S HIGHLAND AVE
APOPKA, FL 32703 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: DP () Delete
Name: WOODS, SHIRLEY R
Address: 1540 S HIGHLAND AVE
City-St-Zip: APOPKA, FL 32703

Title: DS () Delete
Name: THOMAS, FRANCES
Address: 1475 ELDERTON DR
City-St-Zip: APOPKA, FL 32703

Title: DT () Delete
Name: JONES, SOLOMON
Address: 1746 N HIGHLAND ST
City-St-Zip: MT DORA, FL 32757

Title: D () Delete
Name: WARREN, MICHAEL D
Address: 833 W ORANGE BLOSSOM TRAIL
City-St-Zip: APOPKA, FL 32712

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: D (X) Change () Addition
Name: WARREN, MICHAEL D REV.
Address: 833 W ORANGE BLOSSOM TRAIL
City-St-Zip: APOPKA, FL 32712

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: SHIRLEY R. WOODS

Electronic Signature of Signing Officer or Director

P

01/04/2006

Date