

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 05, 2008  
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 REV.  
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:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

PRES

02/05/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date