

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001823

FILED  
Mar 24, 2010  
Secretary of State

**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  
Name: WOODS, SHIRLEY R  
Address: 1540 S HIGHLAND AVE  
City-St-Zip: APOPKA, FL 32703

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: SHIRLEY R. WOODS

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03/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date