

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006078

FILED
Mar 09, 2011
Secretary of State

Entity Name: AFRICAN GOOD SAMARITAN MISSION INC.

Current Principal Place of Business:

6700 150TH AVE N,
UNIT 705
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

6700 150TH AVE N,
UNIT 705
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 26-2924332 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLADE, ROSALINE DR
6700 150TH AVE N
UNIT 705
CLEARWATER, FL 33764 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: P
Name: OLADE, ROSALINE DR
Address: 6700 150TH AVE N, # 705
City-St-Zip: CLEARWATER, FL 33764 US

Title: VP
Name: WILSON, JOHN REV
Address: 2751 POPLAR GROVE AVE
City-St-Zip: KAMRAR,, IA 50132 US

Title: S
Name: HAYTH, DOYCE MS.
Address: 6700 150TH AVE N, # 522,
City-St-Zip: CLEARWATER, FL 33764 US

Title: T
Name: HOBSON, CATHY MS.
Address: 2381 GULF TO BAY STREET
City-St-Zip: CLEARWATER, FL 33765 US

Title: MGRM
Name: AKINLADE, WILLIAM DR, REV
Address: NO 14 ADU CLOSE, POLYTECHNIC ROAD,
City-St-Zip: IBADAN, OY NIGERIA NG

Title: MGRM
Name: AKINLADE, MOBOLA DR
Address: NO 14 ADU CLOSE, POLYTECHNIC ROAD,
City-St-Zip: IBADAN, OY NIGERIA NG

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: ROSALINE OLADE

P

03/09/2011

Electronic Signature of Signing Officer or Director

_____ Date