FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:39

DOCUMENT # N12644 (3)

1. Corporation Name

GOOD SAMARITAN FUND OF GREATER SUN CITY CENTER, INC.

Principal Place of Business	Mailing Address
916 PEBBLE BEACH BLVD. P.O. BOX 5254 SUN CITY CENTER FL 33573	916 PEBBLE BEACH BLVD. P.O. BOX 5254 SUN CITY CENTER FL 33573

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/19/1985
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-2615679 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SMITH, WALTER R.
403 S BROCKFIELD DR
SUN CITY CENTER FL 33570

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	VPD	☐ Change ☒ Addition
NAME	SMITH, WALTER R	1.2 NAME	Healey, Doris	
STREET ADDRESS	403 BROCKFIELD DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL	1.4 CITY-ST-ZIP	628 Oakmont Ave. Sun City Center, Fl	
TITLE	VPD	2.1 TITLE	D	☐ Change ☒ Addition
NAME	JONES, MELVIN	2.2 NAME	Carnahan, Robert	
STREET ADDRESS	233-176 GLOUCESTER BLVD.	2.3 STREET ADDRESS	1609 Cloister Dr.	
CITY-ST-ZIP	SUN CITY CENTER FL	2.4 CITY-ST-ZIP	Sun City Center, Fl.	
TITLE	T	3.1 TITLE	D	☐ Change ☒ Addition
NAME	MELOY, CHARLES	3.2 NAME	Curtiss, Charles	
STREET ADDRESS	708 THUNDERBIRD AVENUE	3.3 STREET ADDRESS	411 Smithfield La.	
CITY-ST-ZIP	SUN CITY CENTER FL	3.4 CITY-ST-ZIP	Sun City Center, Fl.	
TITLE	ASD	4.1 TITLE	D	☐ Change ☒ Addition
NAME	KNORPP, ROBERT P.	4.2 NAME	Rugland, Mack	
STREET ADDRESS	239 GLOUCESTER BLVD.	4.3 STREET ADDRESS	110 Wintersong	
CITY-ST-ZIP	SUN CITY CENTER FL	4.4 CITY-ST-ZIP	Sun City Center, Fl.	
TITLE	SD	5.1 TITLE	D	☐ Change ☒ Addition
NAME	MCGRATH, JOHN F.	5.2 NAME	Williamson, Walter	
STREET ADDRESS	2038 HAMPSTEAD CIR.	5.3 STREET ADDRESS	1417 InGram	
CITY-ST-ZIP	SUN CITY CENTER FL	5.4 CITY-ST-ZIP	Sun City Center, Fl.	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	MELOY, DOROTHY M.	6.2 NAME		
STREET ADDRESS	708 THUNDERBIRD AVENUE	6.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John F. McGrath, Secretary — 1-23-95 — 813-634-9283
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — (Daytime Phone)

JOHN F. McGRATH, SECRETARY

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