SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N12644

1. Corporation Name

GOOD Samaritan Fund Of Greater Sun City, Inc.

Principal Place of Business	Mailing Address
916 Pebble Beach Blvd Sun City Center, Fl. 33573	" Same

2. Principal Place of Business 21	2a. Mailing Address 26 ~~916 Pebble Beach Blvd~~
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified	3a. Date of Last Report
7/29/1987	1/23/95
4. FEI Number: 59-2878178	☐ 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
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

Smith;Walter R.
403SBrockf ield Dr.
Sun City Center, Fl.33573

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 100001863181
-06/17/96--01020--053
***61.25

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE D Raglaad,Ma ck D. 110 Wintersong Sun City Center Fl	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition D Jones, Melvin 233-176 Gloucester Blvd sun City Center, Fl. 33573
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE PD Smith, Walter R. 403 S Brockfield S.S.C.Fl.	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition T Meloy, Ch arles 708 Thunderbird S.C.C. Fl. 33573
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE Dv P Healy,Doris 628 Oakmont S.C.C.Fl.	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition DS McGrath John F. 2036 Hampstead Cir. S.C.C. Fl. 33573
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE D Curtiss,Charles D. 411 Smithfield La. S.C.C. Fl.	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition D Williamson, Walter 1417 Ingram S.C.C. Fl. 33573
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE D Knorp,Robert P. 239Gloucester Blvd.S.C.C. FL.	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition D Frederick, Warren 631 Foot Duquesna SUN City Center Fl. 33573
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE D Carnahan,Robert 101 Trinity Lakes Drive SCCFl	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition VP Wheeler, William 1001 LaJolla Sun CITY Center, Fl. 33573

6/14/96

CR2E037 (3/96)

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 E McGrath, Secretary — 6-3-96 — 813-634-9283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JOHN E. MCGRATH, SECRETARY