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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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. SUN CITY CENTER FL 33573	916 PEBBLE BEACH BLVD. SUN CITY CENTER FL 33573-5302

3. Date Incorporated or Qualified: **12/19/1985**
3a. Date of Last Report: **06/14/1996**

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

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

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.
403 S BROCKFIELD 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
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 signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP	☐ DELETE	1.1 TITLE	DVP	☒ Change ☐ Addition
NAME	HEALTY, DORIS		1.2 NAME	DORIS HEALY RAGLAND	
STREET ADDRESS	628 OAKMONT AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	DP	☒ Change ☐ Addition
NAME	CARNAHAN, ROBERT		2.2 NAME	WILLIAM WHEELER	
STREET ADDRESS	101 TRINITY LAKES BLVD.		2.3 STREET ADDRESS	1001 LA JOLLA AVE	
CITY-ST-ZIP	SUN CITY CENTER FL		2.4 CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	D	☐ DELETE	3.1 TITLE	DS	☒ Change ☐ Addition
NAME	CURTISS, CHARLES		3.2 NAME	FRANCIS E. GOBES	
STREET ADDRESS	411 SMITHFIELD LANE		3.3 STREET ADDRESS	716 CURHORN RD.	
CITY-ST-ZIP	SUN CITY CENTER FL		3.4 CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	D	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	RAGLAND, MACK		4.2 NAME	WALTER R SMITH	
STREET ADDRESS	110 WINTERSONG		4.3 STREET ADDRESS	403 S BROCKFIELD DR.	
CITY-ST-ZIP	SUN CITY CENTER FL		4.4 CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMSON, WALTER		5.2 NAME		
STREET ADDRESS	1417 INGRAM		5.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL		5.4 CITY-ST-ZIP		
TITLE	D/S	☐ DELETE	6.1 TITLE	D VP AS	☒ Change ☐ Addition
NAME	MCGRATH, JOHN F.		6.2 NAME	JOHN F MCGRATH	
STREET ADDRESS	2036 HAMPSTEAD CIR.		6.3 STREET ADDRESS	2036 HAMPSTEAD CIRCLE	
CITY-ST-ZIP	SUN CITY CENTER FL		6.4 CITY-ST-ZIP	SUN CITY CENTER FL 33573	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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 John F McGrath 1-14-97 813 634-9283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0046548