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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N12644**

1. Corporation Name

GOOD SAMARITAN FUND AND SERVICES 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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	12/19/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2615679 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SMITH, WALTER R. 403 S BROCKFIELD DR SUN CITY CENTER FL 33573	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 PRESIDENT	☐ DELETE	1.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME	RAGLAND, DORIS H		1.2 NAME	JOHN SMITHYMAN	
STREET ADDRESS	628 OAKMONT AVENUE		1.3 STREET ADDRESS	1927 EAST VIEW DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL		1.4 CITY-ST-ZIP	SUN CITY CENTER FL. 33573	
TITLE	D	☐ DELETE	2.1 TITLE	ASSISTANT SECRETARY	☐ Change ☒ Addition
NAME	CARNAHAN, ROBERT		2.2 NAME	JOAN C. BOLES	
STREET ADDRESS	101 TRINITY LAKES BLVD.		2.3 STREET ADDRESS	PO BOX 249	
CITY-ST-ZIP	SUN CITY CENTER FL		2.4 CITY-ST-ZIP	WIMAUMA, FL. 33598	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CURTISS, CHARLES		3.2 NAME		
STREET ADDRESS	411 SMITHFIELD LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, WALTER R		4. 2 NAME		
STREET ADDRESS	403 S BROCKFIELD DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL		4.4 CITY-ST-ZIP		
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	DVPA SECRETARY	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MCGRATH, JOHN F.		6.2 NAME		
STREET ADDRESS	2036 HAMPSTEAD CIR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3-11-99 813-634-9283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #