2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N12644

1. Entity 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

DO NOT WRITE IN THIS SPACE

03012007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2615679
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RAGLAND, DORIS H
1107 BLUEWATER DR
SUN CITY CENTER, FL 33573

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RAGLAND, DORIS H
STREET ADDRESS	1107 BLUEWATER DR
CITY-ST-ZIP	SUN CITY CENTER, FL
TITLE	D
NAME	WHEELER, WILLIAM
STREET ADDRESS	1001 LA JOLLA AVE.
CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	D
NAME	CURTIS, CHARLES
STREET ADDRESS	249 COURT YARDS BLVD APT 201
CITY-ST-ZIP	SUN CITY CENTER, FL
TITLE	VP
NAME	JAMES, WILLIAM
STREET ADDRESS	201 AUSTIN HILL CT
CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	D
NAME	NYMARK, DENNIS
STREET ADDRESS	110 S PEBBLE BEACH BLVD
CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/16/07-80026-004 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Doris Ragland 3/5/07 813-634-9283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #