

FILE NOW: FILING FEE IS \$61.25

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May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000000011 (3)**  
1. Corporation Name  
**KISSIMMEE GOOD SAMARITAN SUNSHINE AUXILIARY, INC**



Principal Place of Business <b>1500 SOUTHGATGE DRIVE KISSIMMEE FL 34746</b>	Mailing Address <b>1500 SOUTHGATGE DRIVE KISSIMMEE FL 34746-6598</b>
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3. Date Incorporated or Qualified <b>12/31/1996</b>	3a. Date of Last Report
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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4. FEI Number <b>59-3277784</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**SEWICK, JAMES  
1500 SOUTHGATE DRIVE  
KISSIMMEE FL 34746**

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: *James H. Sewick, Adm* DATE: **4-28-97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>BLESSING, ANNA</b>	
STREET ADDRESS	<b>1543 WESTGATE DR #8</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34746</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>HACKER, AUDREY</b>	
STREET ADDRESS	<b>4103 MIDDLEGATE DR</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34746</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>MALONE, BARBARA</b>	
STREET ADDRESS	<b>1456 ALDERSGATE DR #13</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34746</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>THOMPSON, JEAN</b>	
STREET ADDRESS	<b>4122 MIDDLEGEGE DR #6</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34746</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>ORDAT, EGNORA</b>	
STREET ADDRESS	<b>1610 CALVIN CIRCLE</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34746</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>TOWNSEND, MAE</b>	
STREET ADDRESS	<b>1456 ALDERSGATE DR #12</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34746</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>Anna Blessing</i>	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Anna Blessing* **ANN BLESSING** DATE: **4-23-97** DAYTIME PHONE # **407-846-6794**

CR2E037 (9/96)