

FILE NOW: FILING FEE IS \$61.25

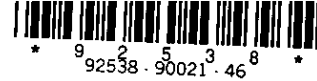
FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90021 046 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000000011

1. Corporation Name
KISSIMMEE GOOD SAMARITAN SUNSHINE AUXILIARY, INC



Principal Place of Business 1500 SOUTHGATE DRIVE KISSIMMEE FL 34746	Mailing Address 1500 SOUTHGATE DRIVE KISSIMMEE FL 34746
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/31/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3277784
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SEWICK, JAMES 1500 SOUTHGATE DRIVE KISSIMMEE FL 34746		81 Name Myers, Gregory	85 Zip Code 34746
		82 Street Address (P.O. Box Number is Not Acceptable) 1500 Southgate Drive	
		83	
		84 City Kissimmee FL	

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 *Gregory Myers* DATE 1/5/99
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 D	BLESSING, ANNA 1543 WESTGATE DR #8 KISSIMMEE FL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Irene Egan
STREET ADDRESS		1.3 STREET ADDRESS	492 Cambridge
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Kissimmee FL 34746
TITLE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P HACKER, AUDREY	2.2 NAME	Margaret Johnson
STREET ADDRESS	4103 MIDDLEGATE DR	2.3 STREET ADDRESS	1609 Calvin Circle
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	Kissimmee FL 34746
TITLE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP MALONE, BARBARA	3.2 NAME	Audrey Hacker
STREET ADDRESS	1456 ALDERSGATE DR #13	3.3 STREET ADDRESS	4103 Middlegate
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	Kissimmee FL 34746
TITLE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D THOMPSON, JEAN	4.2 NAME	J Linda Thomas
STREET ADDRESS	4122 MIDDLEGATE DR #6	4.3 STREET ADDRESS	1543 Aldersgate
CITY-ST-ZIP	KISSIMMEE FL 34746	4.4 CITY-ST-ZIP	Kissimmee FL 34746
TITLE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD ORDAT, ELNORA	5.2 NAME	William Bledsoe
STREET ADDRESS	1610 CALVIN CIRCLE	5.3 STREET ADDRESS	4443 Northgate
CITY-ST-ZIP	KISSIMMEE FL 34746	5.4 CITY-ST-ZIP	Kissimmee FL 34746
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SD TOWNSEND, MAE	6.2 NAME	Janet Parratt
STREET ADDRESS	1456 ALDERSGATE DR #12	6.3 STREET ADDRESS	5752 Northgate Dr
CITY-ST-ZIP	KISSIMMEE FL 34746	6.4 CITY-ST-ZIP	Kissimmee FL 34746

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: *Janet Parratt* 1/5/99 (402) 933-8784