


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90021 045 ****61.25

DOCUMENT # N07000003332 1. Entity Name GOOD SAMARITAN NETWORK, INC.					
Principal Place of Business 107 EAST THARPE STREET TALLAHASSEE, FL 32303			Mailing Address 107 EAST THARPE STREET TALLAHASSEE, FL 32303		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <i>P.O. Box 4089</i> Suite, Apt. #, etc.			
City & State		City & State <i>Tallahassee FL</i>		4. FEI Number <i>26-0263297</i>	
Zip <i>32315</i>	Country	Zip <i>32315</i>	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, RICHARD F 107 EAST THARPE STREET TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> SIGNATURE <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%;"> <i>Richard F. Smith</i> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%;"> <i>2-16-08</i> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to <input type="checkbox"/> Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BURNS, NETH A 4151 DEER LANE DRIVE TALLAHASSEE, FL 32303 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ALEXANDER, TERESA P 3972 EMERALD CHASE DRIVE TALLAHASSEE, FL 32308 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HARRISON, GEORGE L 6400 KINGMAN TRAIL TALLAHASSEE, FL 32309 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SMITH, RICHARD F 107 EAST THARPE STREET TALLAHASSEE, FL 32303 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, IRVIN G 4151 DEER LANE DR TALLAHASSEE, FL 32312 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENWRIGHT, BYRON R 6740 VISALIA PLACE TALLAHASSEE, FL 32317 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <i>2-16-08</i> <i>850-324-7080</i> </div> <small>Date Daytime Phone #</small>		