

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000001823

**FILED**  
**Feb 14, 2018**  
**Secretary of State**  
**CC6687613067**

**Entity Name:** THE GOOD SAMARITAN PROJECT, INC.

**Current Principal Place of Business:**

1202 S CENTRAL AVE  
APOPKA, FL 32703

**Current Mailing Address:**

1202 S CENTRAL AVE  
APOPKA, FL 32703

**FEI Number: 30-0160372**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WOODS, SHIRLEY R  
1540 S HIGHLAND AVE  
APOPKA, FL 32703 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	DP	Title	DS
Name	WOODS, SHIRLEY R	Name	THOMAS, FRANCES
Address	1540 S HIGHLAND AVE	Address	1475 ELDERTON DR
City-State-Zip:	APOPKA FL 32703	City-State-Zip:	APOPKA FL 32703

Title            D  
Name            WARREN, MICHAEL D. DR.  
Address        833 W ORANGE BLOSSOM TRAIL  
City-State-Zip: APOPKA FL 32712

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: SHIRLEY R. WOODS**

**PRESIDENT**

**02/14/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date