

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000003332

**Entity Name:** GOOD SAMARITAN NETWORK, INC.

**Current Principal Place of Business:**

2810 SHARER RD  
30  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

P. O. BOX 10547  
TALLAHASSEE, FL 32302 US

**FEI Number: 26-0263297**

**Certificate of Status Desired:** No

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

THURMAN, D. CHRISTINE ESQ.  
241 EAST 6TH AVENUE  
TALLAHASSEE, FL 32303 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:** D. CHRISTINE THURMAN

01/15/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name BURNS, BETH A  
Address P. O. BOX 10547  
City-State-Zip: TALLAHASSEE FL 32302

Title EXECUTIVE DIRECTOR  
Name BURNS, I GLENN  
Address P. O. BOX 10547  
City-State-Zip: TALLAHASSEE FL 32302

Title SECRETARY, DIRECTOR  
Name HEARN, MICHELE S  
Address P. O. BOX 10547  
City-State-Zip: TALLAHASSEE FL 32302

Title TREASURER  
Name SMITH, RICHARD  
Address P. O. BOX 10547  
City-State-Zip: TALLAHASSEE FL 32302

Title DIRECTOR  
Name DAVIS, STEVE  
Address P. O. BOX 10547  
City-State-Zip: TALLAHASSEE FL 32302

Title DIRECTOR  
Name THURMAN, D. CHRISTINE  
Address P. O. BOX 10547  
City-State-Zip: TALLAHASSEE FL 32302

Title DIRECTOR  
Name MORD, MAE  
Address P. O. BOX 10547  
City-State-Zip: TALLAHASSEE FL 32302

Title DIRECTOR  
Name SOLOMON, FORD  
Address P. O. BOX 10547  
City-State-Zip: TALLAHASSEE FL 32302

*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:** BETH BURNS

**DIRECTOR**

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date