

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003332

Entity Name: GOOD SAMARITAN NETWORK, INC.**Current Principal Place of Business:**2810 SHARER RD
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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:**MESSER, ABBIE R
2810 SHARER RD
30
TALLAHASSEE, FL 32312 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:** ABBIE R. MESSER

01/07/2017

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 DIRECTOR
Name BROWN, STUART K
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 DIRECTOR
Name BROWN, RAY
Address P.O. BOX 10547
City-State-Zip: TALLAHASSEE FL 32302

Title DIRECTOR
Name MESSER, ANDREW J
Address P. O. BOX 10547
City-State-Zip: TALLAHASSEE FL 32302

Title TREASURER
Name MESSER, ABBIE R
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: ANDREW J. MESSER

DIRECTOR

01/07/2017

Electronic Signature of Signing Officer/Director Detail

Date