

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003332

Entity Name: GOOD SAMARITAN NETWORK, INC.**Current Principal Place of Business:**489 JOHN KNOX ROAD
TALLAHASSEE, FL 32303**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
489 JOHN KNOX ROAD
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:** ABBIE R. MESSER

04/09/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DIRECTOR
Name BROWN, STUART K
Address 7606 WILLOW BASTIC COURT
City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR
Name RUMBLEY, ROBERT JR.
Address P. O. BOX 10547
City-State-Zip: TALLAHASSEE FL 32302

Title CEO, DIRECTOR
Name BURNS, IRVIN G
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 HANSELMAN, RAY T
Address P. O. BOX 10547
City-State-Zip: TALLAHASSEE FL 32302

Title DIRECTOR
Name ENWRIGHT, BYRON 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: IRVING G. BURNS

CEO

04/09/2014

Electronic Signature of Signing Officer/Director Detail

Date