

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000010680

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

**Current Principal Place of Business:**

3720 CAPITAL CIRCLE SE  
TALLAHASSEE, FL 32311

**Current Mailing Address:**

3720 CAPITAL CIRCLE SE  
TALLAHASSEE, FL 32311

**FEI Number: 26-1347544**

**Certificate of Status Desired: No**

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

EDELSTEIN, MELISSA  
3720 CAPITAL CIRCLE SE  
TALLAHASSEE, FL 32311 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: MELISSA EDELSTEIN**

**02/05/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title FINANCE CHAIR  
Name CUPP, VICKI  
Address 1199 MARCH RD  
City-State-Zip: TALLAHASSEE FL 32311

Title TRUSTEES CHAIR  
Name MANDELL, STEPHEN  
Address 3720 CAPITAL CIRCLE SE  
City-State-Zip: TALLAHASSEE FL 32311

Title PASTOR  
Name SHRADER, MICHELLE  
Address 3720 CAPITAL CIRCLE SE  
City-State-Zip: TALLAHASSEE FL 32311

Title COUNCIL CHAIR  
Name WALTON, MELISSA  
Address 3720 CAPITAL CIRCLE SE  
City-State-Zip: TALLAHASSEE FL 32311

Title EXECUTIVE SECRETARY  
Name TRRAFT, HANNA  
Address 3720 CAPITAL CIRCLE SE  
City-State-Zip: TALLAHASSEE FL 32311

Title CHURCH TREASURER  
Name HORNING, SHANNON  
Address 3720 CAPITAL CIRCLE SE  
City-State-Zip: TALLAHASSEE FL 32311

Title SPRC CHAIR  
Name MANDELL, KATIE  
Address 3720 CAPITAL CIRCLE SE  
City-State-Zip: TALLAHASSEE FL 32311

Title ACADEMY DIRECTOR  
Name WILLIAMS, DAWN  
Address 3720 CAPITAL CIRCLE SE  
City-State-Zip: TALLAHASSEE FL 32311

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*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: MICHELLE SHRADER**

**PASTOR**

**02/05/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title LAY LEADER  
Name ROSE, TRACY  
Address 3720 CAPITAL CIRCLE SE  
City-State-Zip: TALLAHASSEE FL 32311

Title DREAM TEAM CHAIR  
Name STATEN, SHANNON  
Address 3720 CAPITAL CIRCLE SE  
City-State-Zip: TALLAHASSEE FL 32311