

**2019 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:**

COLE, TERRY  
301 S. BRONOUGH STREET  
SUITE 500  
TALLAHASSEE, FL 32301 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           SPRC CHAIR  
Name           DUKES, MARCIA  
Address        749 STONE HOUSE RD  
City-State-Zip: TALLAHASSEE FL 32301

Title           FINANCE CHAIR  
Name           PALMER, RILEY  
Address        4148 PLANTATION LOOP  
City-State-Zip: TALLAHASSEE FL 32311

Title           TRUSTEES CHAIR  
Name           WALSH, PATRICK  
Address        49 MALLARD POND CIR  
City-State-Zip: CRAWFORDVILLE FL 32327

Title           PASTOR  
Name           OUELLETTE-ZIERDEN, BETSY  
Address        3803 OVERLOOK DRIVE  
City-State-Zip: TALLAHASSEE FL 32311

Title           COUNCIL CHAIR  
Name           MANDELL, STEPHEN  
Address        1878 CHAIRES CROSS RD  
City-State-Zip: TALLAHASSEE FL 32317

Title           EXECUTIVE SECRETARY  
Name           WILLIAMS, MELISSA  
Address        110 CONCORD RD  
City-State-Zip: CRAWFORDVILLE FL 32327

Title           CHURCH TREASURER  
Name           HARRELL, PATRICIA  
Address        9402 BOYKIN RD  
City-State-Zip: TALLAHASSEE FL 32317

*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: PATRICIA HARRELL**

**CHURCH TREASURER**

**02/12/2019**

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

\_\_\_\_\_  
Date