

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000006078

**Entity Name:** AFRICAN GOOD SAMARITAN MISSION INC.

**FILED**  
**Mar 13, 2014**  
**Secretary of State**  
**CC5949223729**

**Current Principal Place of Business:**

6700 150TH AVE N,  
UNIT 705  
CLEARWATER, FL 33764

**Current Mailing Address:**

6700 150TH AVE N,  
UNIT 705  
CLEARWATER, FL 33764

**FEI Number: 26-2924332**

**Certificate of Status Desired: No**

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

OLADE, ROSALINE DR  
6700 150TH AVE N  
UNIT 705  
CLEARWATER, FL 33764 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 P  
Name OLADE, ROSALINE DR  
Address 6700 150TH AVE N, # 705  
City-State-Zip: CLEARWATER FL 33764

Title VP  
Name WILSON , JOHN REV  
Address 2751 POPLAR GROVE AVE  
City-State-Zip: KAMRAR, IA 50132

Title S  
Name VACANT, VACANT  
Address 6700 150TH AVE N,  
UNIT 705  
City-State-Zip: CLEARWATER FL 33764

Title T  
Name TROBMLEY, ROBERT . DR.  
Address 582 VALLANCE WAY NE  
City-State-Zip: ST PETERSBURG FL 33716

Title MGRM  
Name AKINLADE, WILLIAM DR, REV  
Address NO 14 ADU CLOSE, POLYTECHNIC  
ROAD,  
City-State-Zip: IBADAN OY NIGER-IA

Title MGRM  
Name AKINLADE , MOBOLA DR  
Address NO 14 ADU CLOSE, POLYTECHNIC  
ROAD,  
City-State-Zip: IBADAN NIGER-IA

*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: DR ROSALINE OLADE**

**PRESIDENT**

**03/13/2014**

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

\_\_\_\_\_  
Date