

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000006078

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

**Current Principal Place of Business:**

2430 CARDINAL ELM ST  
FRESNO , TX 77545

**Current Mailing Address:**

2430 CARDINAL ELM STREET  
FRESNO, TX 77545 US

**FEI Number: 26-2924332**

**Certificate of Status Desired: No**

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

OLADE, ROSALINE DR  
C/O CATHY SCHMIDT,  
207 MIDWAY ISLAND  
CLEARWATER, FL 33767 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	2430 CARDINAL ELM ST
City-State-Zip:	FRESNO TX 77545
Title	S
Name	AKINMULERO, BOLA
Address	673 S EREMLAND DRIVE # 4
City-State-Zip:	COVINA CA 91723
Title	DIRECTOR, UK REGION
Name	OLADE, SANMI DR
Address	14 BRADEN GLEN STREET
City-State-Zip:	BELFAST BT37 9BG
Title	MEDICAL DIRECTOR
Name	OLADE, ROGER DR.
Address	2301 HAVOR CHASE DRIVE
City-State-Zip:	PEARLAND TX

Title	VP
Name	AKINLADE, WILLIAM REV DR
Address	14 ADU CLOSE, POLYTECHNIC ROAD,
City-State-Zip:	IBADAN
Title	OFFICER
Name	SCHMIDT, CATHY .
Address	207 MIDWAY IISLAND
City-State-Zip:	CLEARWATER FL 33767
Title	DIRECTOR
Name	AKINLADE , MOBOLA DR
Address	NO 14 ADU CLOSE, POLYTECHNIC ROAD,
City-State-Zip:	IBADAN NIGERIA
Title	TECHNICAL DIRECTOR
Name	OLADE, RANDALL
Address	4741 SUMMER PLUMTREETRACE
City-State-Zip:	ARCOLA TX 77583

**Continues on page 2**

*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**

**03/27/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name            OLADE, TOLUPE DR  
Address         4741 SUMMER PLUMTREETRACE  
City-State-Zip: ARCOLA TX 77583