DOCUMENT# N0900002210

Entity Name: SAMARITAN VILLAGE, INC.

#### **Current Principal Place of Business:**

1220 E. CONCORD ST. ORLANDO, FL 32803

### **Current Mailing Address:**

P O BOX 149599 ORLANDO, FL 32814 US

### FEI Number: 26-4410840

# Name and Address of Current Registered Agent:

COLEMAN, DIONNE 1220 E. CONCORD ST. ORLANDO, FL 32803 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                 | E: DIONNE COLEMAN                        |                            |                                    | 03/10/2022 |
|---------------------------|--|----------------------------|------------------------------------|------------|
|                           | Electronic Signature of Registered Agent |                            |                                    | Date       |
| Officer/Director Detail : |  |                            |                                    |            |
| Title                     | CHAIRMAN, VP                             | Title                      | TREASURER                          |            |
| Name                      | MILLER, KATHY                            | Name                       | MAURIELLO, THOMAS                  |            |
| Address                   | PO BOX 149599                            | Address                    | PO BOX 149599                      |            |
| City-State-Zip:           | ORLANDO FL 32814                         | City-State-Zip:            | ORLANDO FL 32814                   |            |
| Title<br>Name             | SECRETARY<br>BREWER, ASHLEY              | Title<br>Name              | VC<br>RUDLOFF, BETH                |            |
| Address                   | PO BOX 149599                            | Address<br>City-State-Zip: | P O BOX 149599<br>ORLANDO FL 32814 |            |
| City-State-Zip:           | ORLANDO FL 32814                         | Gity-State-Zip.            | OREANDO TE 32014                   |            |
| Title                     | PRESIDENT, EXECUTIVE DIRECTOR            |                            |                                    |            |
| Name                      | COLEMAN, DIONNE                          |                            |                                    |            |
| Address                   | P O BOX 149599                           |                            |                                    |            |
| City-State-Zip:           | ORLANDO FL 32814                         |                            |                                    |            |
|                           |  |                            |                                    |            |

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: DIONNE COLEMAN

EXECUTIVE DIRECTOR 03/10/2022

Electronic Signature of Signing Officer/Director Detail

# FILED Mar 10, 2022 Secretary of State 2669327733CC

Certificate of Status Desired: No