

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

DOCUMENT# N10000001888

**FILED**  
**Apr 16, 2014**  
**Secretary of State**  
**CC6552352508**

**Entity Name:** GOOD SAMARITAN MISSION OF SW FLORIDA, INC

**Current Principal Place of Business:**

4005 26 ST SW  
LEHIGH ACRES, FL 33976

**Current Mailing Address:**

P O BOX 1957  
LEHIGH ACRES, FL 33970

**FEI Number:** 27-1752975

**Certificate of Status Desired:** No

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

REYES-SIME, NICOLE D  
4005 26 ST SW  
LEHIGH ACRES, FL 33976 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:** NICOLE REYES-SIME

04/16/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name REYES-SIME, NICOLE D  
Address P O BOX 1957  
City-State-Zip: LEHIGH ACRES FL 33970

Title VP  
Name SIME, JEAN-CLAUDE  
Address P O BOX 1957  
City-State-Zip: LEHIGH ACRES FL 33970

Title D  
Name JOACHIN, ERNSO  
Address P O BOX 1957  
City-State-Zip: LEHIGH ACRES FL 33970

Title OFFICER  
Name JOACHIN, ESAIE  
Address P O BOX 1957  
City-State-Zip: LEHIGH ACRES FL 33970

Title OFFICER  
Name GOMEZ, JUAN EDWING A  
Address P O BOX 1957  
City-State-Zip: LEHIGH ACRES FL 33970

Title OFFICER  
Name PAUL, JEAN ELIE  
Address P O BOX 1957  
City-State-Zip: LEHIGH ACRES FL 33970

*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:** NICOLE REYES-SIME

P

04/16/2014

Electronic Signature of Signing Officer/Director Detail

Date