

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000005633

Entity Name: GOOD SAMARITAN MINISTRIES, INC.**Current Principal Place of Business:**1484 SE VILLAGE GREEN DR
PORT ST. LUCIE, FL 34952**Current Mailing Address:**1484 SE VILLAGE GREEN DR
PORT ST. LUCIE, FL 34952**FEI Number:** 45-2519918**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BITETTO, VITO
1484 SE VILLAGE GREEN DR
PORT ST. LUCIE, FL 34952 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	BITETTO, VITO
Address	1484 SE VILLAGE GREEN DR
City-State-Zip:	PORT ST. LUCIE FL 34952

Title	TREASURER
Name	SCHAFER, SARA
Address	770 CYPRESS ST
City-State-Zip:	PORT ST. LUCIE FL 34952

Title	SECRETARY
Name	SMITH, KAFIYL
Address	2442 SE UNIVERSITY TERRACE
City-State-Zip:	PORT ST LUCIE FL 34952

Title	VP
Name	MCINTOSH, PAULINE
Address	8922 S US HIGHWAY ONE
City-State-Zip:	PORT ST. LUCIE FL 34952

Title	MANAGER
Name	CRISTINA, CHARLENE
Address	1842 SE FLORESTA DRIVE
City-State-Zip:	PORT ST LUCIE FL 34983

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: SARA SCHAFER**TREASURER****01/24/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date