

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12644

Entity Name: GOOD SAMARITAN FUND AND SERVICES OF GREATER SUN CITY CENTER, INC.**FILED**
Mar 27, 2023
Secretary of State
2066357451CC**Current Principal Place of Business:**1207 N PEBBLE BEACH BLVD.
SUN CITY CENTER, FL 33573**Current Mailing Address:**1207 N PEBBLE BEACH BLVD.
SUN CITY CENTER, FL 33573 US**FEI Number: 59-2615679****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**RAPACH, PATRICIA
1207 N PEBBLE BEACH BLVD.
SUN CITY CENTER, FL 33573 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: PATRICIA RAPACH****03/27/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name RAPACH, PATRICIA
Address 1207 N PEBBLE BEACH BLVD.
City-State-Zip: SUN CITY CENTER FL 33573

Title VP
Name BRADY, DENNIS
Address 1207 N PEBBLE BEACH BLVD.
City-State-Zip: SUN CITY CENTER FL 33573

Title TREASURER
Name GUNDRY, JAMES
Address 1207 N PEBBLE BEACH BLVD.
City-State-Zip: SUN CITY CENTER FL 33573

Title SECRETARY
Name SMITH, LARRY
Address 1207 N PEBBLE BEACH BLVD.
City-State-Zip: SUN CITY CENTER FL 33573

Title DIRECTOR
Name MENTIS, GAYLA
Address 1207 N PEBBLE BEACH BLVD.
City-State-Zip: SUN CITY CENTER FL 33573

Title DIRECTOR
Name WEBER, ANN
Address 1207 N PEBBLE BEACH BLVD.
City-State-Zip: SUN CITY CENTER FL 33573

Title DIRECTOR
Name BUTNER, JIM
Address 1207 N PEBBLE BEACH BLVD.
City-State-Zip: SUN CITY CENTER FL 33573

Title DIRECTOR
Name POTTEIGER, RON
Address 1207 N PEBBLE BEACH BLVD.
City-State-Zip: SUN CITY CENTER FL 33573

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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: PATRICIA RAPACH**PRESIDENT****03/27/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	FAISON, CONNIE
Address	1207 N PEBBLE BEACH BLVD.
City-State-Zip:	SUN CITY CENTER FL 33573