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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 12:09

DOCUMENT # 703479 (6)

1. Corporation Name
JENSEN AREA SAMARITANS, INC.

Principal Place of Business	Mailing Address
1250 N.E. SAMARITAN STREET P.O. BOX 182 JENSEN BEACH FL 34957	1250 N.E. SAMARITAN STREET P.O. BOX 182 JENSEN BEACH FL 34958 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/19/1962
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-1800739 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

CAPEL, WILLIAM
1604 N.E. 24 STREET
JENSEN BCH FL 34957

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	President	☐ Change ☐ Addition
NAME	CAPEL SR, WILLIAM	1.2 NAME		
STREET ADDRESS	1604 N E 24TH ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BCH, FL 00000	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	Vice President	☐ Change ☐ Addition
NAME	KEEBLER, HARRY	2.2 NAME		
STREET ADDRESS	401 N.E. JADE CIR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BCH FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	Director	☐ Change ☐ Addition
NAME	BAILEY, MAXINE	3.2 NAME		
STREET ADDRESS	1821 NE 22ND AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BCH, FL 00000	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	Director	☑ Change ☐ Addition
NAME	STAGG, HELEN	4.2 NAME		
STREET ADDRESS	3499 NE LINDA DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BCH, FL	4.4 CITY-ST-ZIP		
TITLE	SD	5.1 TITLE	Secretary/Treasurer	☑ Change ☐ Addition
NAME	CAPEL, JOAN	5.2 NAME		
STREET ADDRESS	1604 NE 24 ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

417-34V-5818

SIGNATURE: Joan Capel Secretary Treasurer (Joan Capel) 1/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070045