

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 07, 2006 8:00 am**  
**Secretary of State**

07-07-2006 90003 026 \*\*\*\*75.00

**DOCUMENT # 709719**

1. Entity Name

**GOOD SAMARITAN TABERNACLE, INC.**



Principal Place of Business

**736 NORTH WESTMORELAND  
ORLANDO FL 32804**

Mailing Address

**736 NORTH WESTMORELAND  
ORLANDO FL 32804**

**50021825**



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-6166951**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANDERS, JAMES V  
736 NORTH WESTMORELAND  
ORLANDO FL 32804**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By: May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**PTD  
SANDERS, JAMES V  
736 NORTH WESTMORELAND  
ORLANDO FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**VSD  
SANDERS, DAPHNE A.  
736 NORTH WESTMORELAND  
ORLANDO FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**VD  
TOWNLEY, J.O  
10420 SE 110TH ST RD  
CANDLER FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *James V. Sanders*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-4-2006 407-423-9664**

Date Daytime Phone #

**JAMES V SANDERS PTD**

Dear Sir,

ATTACHMENT

50021825

July 4, 2006

# 709719

I do not recall getting a form from you for this year 2006 — Our mail has caused a problem recently. I had a photo copy of the form for 2005, changed the date, and have enclosed it with my corporation check.

I do hope this form and letter will satisfy — if you need any additional info. please notify me.

Sincerely,

James V. Sanders

JAMES V. SANDERS  
PRES.