


FILE NOW: FILING FEE IS \$61.25

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Feb 24, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 710131					
1. Corporation Name GOOD SAMARITAN CHURCH, INC. OF PINELLAS PARK, FL ORIDA					
Principal Place of Business 6085 PARK BLVD N. PINELLAS PARK FL 34665			Mailing Address 6085 PARK BLVD N. PINELLAS PARK FL 34665		



2. Principal Place of Business 21 Good Samaritan Church Suite, Apt. #, etc. 22 6085 Park Blvd. City & State 23 Pinellas Park, FL Zip 24 33781 Country 25 USA		2a. Mailing Address 26 Good Samaritan Church Suite, Apt. #, etc. 27 6085 Park Blvd. City & State 28 Pinellas Park, FL Zip 29 33781 Country 30 USA		3. Date Incorporated or Qualified 12/29/1965	
4. FEI Number 59-1305272		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
9. Name and Address of Current Registered Agent BROCKUS, HAROLD M. 6085 PARK BLVD., N PINELLAS PARK FL 33781			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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HALL, RICHARD 3565 EAGLES CROSSING DR CLEARWATER FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FREEMAN, LESTER GREENBRIAR #22, 6100 62 AVE NO PINELLAS PARK FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JOHNSON, CHRISTOPHER 5669 62 WY NO ST PETERSBURG FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETED
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETED
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETED
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99 544-8558
 Date Daytime Phone #

CR2E037 (11/98)