2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all

SIGNATURE:

Jan 25, 2001 8:00 am Secretary of State DOCUMENT # 710131 1. Entity Name GOOD SAMARITAN CHURCH, INC. OF PINELLAS PARK, FL. 01-25-2001 90211 036 ****70.00 Principal Place of Business Mailing Address 6085 PARK BLVD N. 6085 PARK BLVD N. PINELLAS PARK FL 33781 PINELLAS PARK FL 33781 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1305272 Not Applicable Žip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BROCKUS, HAROLD M. 6085 PARK BLVD., N PINELLAS PARK FL 33781 Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Pavable to FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DP TITLE ☐ Delete TITLE ☐ Addition Change NAME HALL, RICHARD NAME STREET ADDRESS 3565 EAGLES CROSSING DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33762** TITLE D۷ ☐ Delete TITLE Change ☐ Addition FREEMAN, LESTER NAME NAME STREET ADDRESS GREENBRIAR #22, 6100 62 AVE NO STARKEY ROAD, #767 STREET ADDRESS CITY-ST-ZIP PINELLAS PARK FL 33781 CITY-ST-ZIP TITLE DS ☐ Delete TITLE Change ☐ Addition JOHNSON, CHRISTOPHER NAME NAME STREET ADDRESS 5669 62 WY NO STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33709 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

RED RICHARD HAL

FILED