

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90461 023 ****61.25

DOCUMENT # 710131

1. Entity Name

GOOD SAMARITAN CHURCH, INC. OF PINELLAS PARK, FLORIDA



Principal Place of Business

**6085 PARK BLVD N.
PINELLAS PARK FL 33781**

Mailing Address

**6085 PARK BLVD N.
PINELLAS PARK FL 33781**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1305272

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, JEAN S
6085 PARK BLVD., N
PINELLAS PARK FL 33781**

7. Name and Address of New Registered Agent

Name

Rafael Catala

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

6085 Park Blvd.

City

Pinellas Park

FL

Zip Code

33781

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

Rafael Catala

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, 2006

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	DP	<input type="checkbox"/> Delete
NAME	LEWIS, TIM	
STREET ADDRESS	2700 29 ST. NO.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	

TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	FRYMIER, ALBERT E	
STREET ADDRESS	1001 STARKEY ROAD 767	
CITY-ST-ZIP	LARGO FL 33771	

TITLE	DS	<input type="checkbox"/> Delete
NAME	HALL, KATE	
STREET ADDRESS	2565 EAGLES CROSSING DR.	
CITY-ST-ZIP	CLEARWATER FL 33762	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Anderson	
STREET ADDRESS	221 63 Ave. So.	
CITY-ST-ZIP	St. Petersburg, FL 33705	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hall, Kate	
STREET ADDRESS	2565 Eagles Crossing Dr.	
CITY-ST-ZIP	Clearwater, FL 33762	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Timothy H. Lewis*

Tim Lewis

3/21/2006