


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **728571** (1)  
1. Corporation Name  
**THE GOOD SAMARITAN HOME OF SANFORD, FLORIDA**

Principal Place of Business	Mailing Address
<b>1704 W 9TH ST SANFORD FL 32771</b>	<b>1704 W 9TH ST SANFORD FL 32771</b>



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26 <b>P.O. Box 845</b>		12/10/1973		06/06/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 <b>Sanford, FL</b>		59-0865843		Not Applicable	
24 Zip		25 Country		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
29 32772		30 USA		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLAKE, RUBY N.  
107 SCOTT DR.  
1704 W. 9TH ST.  
SANFORD FL 32771**

81 Name	<b>Blake, Ruby N</b>		
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1120 PECAN AVE</b>		
83	<b>1704 W. 9th St. P.O. Box 845</b>		
84 City	<b>Sanford</b>	85 State	<b>FL</b>
		86 Zip Code	<b>32772</b>

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 **Ruby N. Blake** **Ruby N. Blake** **7-31-97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAGLE, HARRY</b>	1.2 NAME	
STREET ADDRESS	<b>128 PRIMROSE DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONKLIN, PHYLLIS</b>	2.2 NAME	
STREET ADDRESS	<b>1201 WASHINGTON DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANFORD FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLAKE, RUBY N.</b>	3.2 NAME	
STREET ADDRESS	<b>107 SCOTT DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANFORD FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, WILLIE L.</b>	4.2 NAME	
STREET ADDRESS	<b>152 HIDDEN LAKE DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANFORD FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>AYRES, OLIVIA</b>	5.2 NAME	<b>Director</b>
STREET ADDRESS	<b>1404 VALENCIA CT W</b>	5.3 STREET ADDRESS	<b>P.O. Box 2300, 500 W. Airport Blvd</b>
CITY-ST-ZIP	<b>SANFORD FL</b>	5.4 CITY-ST-ZIP	<b>SANFORD, FL 32772 #1814</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRAASA, WILLIAM</b>	6.2 NAME	
STREET ADDRESS	<b>106 PALMETTO AVENUE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANFORD FL</b>	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: **SIGNATURE REQUIRED**

**7-31-97 (407) 322-3321**

CR2E037 (4/97)