

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728571 (1)
1. Corporation Name
THE GOOD SAMARITAN HOME OF SANFORD, FLORIDA



Principal Place of Business Mailing Address
1704 W 9TH ST
SANFORD FL 32771
P O BOX 845
SANFORD FL 32772
US

3. Date Incorporated or Qualified

12/10/1973

4. FEI Number

59-0865843

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLAKE, RUBY N.
1120 PECAN AVE
P O BOX 845
SANFORD FL 32772

81 Name

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

83 P.O. Box 589

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

Ruby N. Blake

RUBY N. BLAKE

1/22/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C
NAME HAGLE, HARRY
STREET ADDRESS 128 PRIMROSE DRIVE
CITY-ST-ZIP LONGWOOD FL

☐ DELETE

TITLE V
NAME CONKLIN, PHYLLIS
STREET ADDRESS 1201 WASHINGTON DRIVE
CITY-ST-ZIP SANFORD FL

☐ DELETE

TITLE STD
NAME BLAKE, RUBY N.
STREET ADDRESS 107 SCOTT DR
CITY-ST-ZIP SANFORD FL

☐ DELETE

TITLE D
NAME JONES, WILLIE L.
STREET ADDRESS 152 HIDDEN LAKE DRIVE
CITY-ST-ZIP SANFORD FL

☐ DELETE

TITLE D
NAME BODISON, SYLVIA
STREET ADDRESS 500 W AIRPORT BLVD #1814
CITY-ST-ZIP SANFORD FL

☐ DELETE

TITLE D
NAME FRAASA, WILLIAM
STREET ADDRESS 106 PALMETTO AVENUE
CITY-ST-ZIP SANFORD FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ 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.

SIGNATURE:

Ruby N. Blake

SIGNATURE: *Secretary/Treasurer*

1/22/98

(407) 322-3321

CR2E037 (10/97)