

FILE NOW: FILING FEE IS \$61.25

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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 # 728571

1. Corporation Name
THE GOOD SAMARITAN HOME OF SANFORD, FLORIDA

Principal Place of Business: 1704 W 9TH ST, SANFORD FL 32771
 Mailing Address: P O BOX 645, SANFORD FL 32772, US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	12/10/1973	
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Country	59-0865843	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25		30		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				10. Name and Address of New Registered Agent			
BLAKE, RUBY N. 1120 PECAN AVE P.O. BOX 589 SANFORD FL 32772				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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* DATE: 3/18/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGLE, HARRY	1.2 NAME	
STREET ADDRESS	128 PRIMROSE DRIVE	1.3 STREET ADDRESS	540 Village Place Apt. 316
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONKLIN, PHYLLIS	2.2 NAME	
STREET ADDRESS	1201 WASHINGTON DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKE, RUBY N.	3.2 NAME	
STREET ADDRESS	107 SCOTT DR	3.3 STREET ADDRESS	1120 PECAN AVENUE
CITY-ST-ZIP	SANFORD FL	3.4 CITY-ST-ZIP	SANFORD, FL 32771
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, WILLIE L.	4.2 NAME	
STREET ADDRESS	152 HIDDEN LAKE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BODISON, SYLVIA	5.2 NAME	
STREET ADDRESS	500 W AIRPORT BLVD #1814	5.3 STREET ADDRESS	500 W. AIRPORT BLVD #1815
CITY-ST-ZIP	SANFORD FL	5.4 CITY-ST-ZIP	SANFORD, FL 32771
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAASA, WILLIAM	6.2 NAME	
STREET ADDRESS	106 PALMETTO AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	6.4 CITY-ST-ZIP	

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: *Ruby N. Blake* REQUIRED DATE: 3/18/99 DAYTIME PHONE #: 402-322-3321

CR2E037 (11/98)