

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90021 024 ****70.00

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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 845
SANFORD FL 32772
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

12/10/1973

4. FEI Number

59-0865843

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BLAKE, RUBY N.
1120 PECAN AVE
P.O. BOX 589
SANFORD FL 32772

10. Name and Address of New Registered Agent

81 Name

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

83

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*

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

(NOTE: Registered Agent signature required when reinstating)

3/18/99

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **540 Village Place Apt. 316**
1.4 CITY-ST-ZIP **LONGWOOD, FL 32779**

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

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **1120 PECAN AVENUE**
3.4 CITY-ST-ZIP **SANFORD, FL 32771**

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

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **500 W. AIRPORT BLVD #1815**
5.4 CITY-ST-ZIP **SANFORD, FL 32771**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/99

Date

407-322-3321

Daytime Phone #

CR2E037 (11/98)