

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2004 8:00 am
Secretary of State

05-21-2004 90003 038 ****70.00

DOCUMENT # 728571

1. Entity 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**

34055063

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05052004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-0865843

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLAKE, RUBY N.
700 EAST 7TH ST.
SANFORD, FL 32771**

NAME chg only

Name **RUBY N. BLAKE - DANIELS**

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

City

FL

Zip Code

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 *Ruby N. Blake-Daniels* **Ruby N. BLAKE - DANIELS** **4-19-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **TREASURER** DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☐ Delete
NAME **FOGLE, DOROTHEA**
STREET ADDRESS **HOLLY AVENUE, P.O. BOX 804**
CITY-ST-ZIP **SANFORD, FL 32772**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **DANIELS, RUBY N**
STREET ADDRESS **1120 PECAN AVENUE**
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **DANIELS, Ruby N.**
STREET ADDRESS **700 EAST 7th St.**
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE **D** ☐ Delete
NAME **HAWKINS, MARVA Y**
STREET ADDRESS **1004 W 134 ST., P O BOX 492**
CITY-ST-ZIP **SANFORD, FL 32772**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BODISON, SYLVIA**
STREET ADDRESS **500 W. AIRPORT BLVD. #1815**
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **PARSELL, ROBERT**
STREET ADDRESS **207 E 25TH ST**
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **OLIVER, Cynthia**
STREET ADDRESS **3165 BUCKLAND ST**
CITY-ST-ZIP **DELTONA, FL 32738**

12. 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 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: *Ruby N. Blake-Daniels*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-04

Date

407-322-3321

Daytime Phone #