

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728571

FILED
Jun 29, 2005
Secretary of State

Entity Name: THE GOOD SAMARITAN HOME OF SANFORD, FLORIDA

Current Principal Place of Business:

1704 W 9TH ST
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

P O BOX 845
SANFORD, FL 32772 US

New Mailing Address:

FEI Number: 59-0865843 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BLAKE-DANIELS, RUBY N
700 EAST 7TH ST.
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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

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.

SIGNATURE: RUBY N. BLAKE

06/29/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: FOGLE, DOROTHEA
Address: HOLLY AVENUE, P.O. BOX 804
City-St-Zip: SANFORD, FL 32772

Title: V () Delete
Name: CONKLIN, PHYLLIS
Address: 1201 WASHINGTON DRIVE
City-St-Zip: SANFORD, FL

Title: T () Delete
Name: DANIELS, RUBY N
Address: 1120 PECAN AVENUE
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: HAWKINS, MARVA Y
Address: 1004 W 134 ST., P O BOX 492
City-St-Zip: SANFORD, FL 32772

Title: D () Delete
Name: BODISON, SYLVIA
Address: 500 W. AIRPORT BLVD. #1815
City-St-Zip: SANFORD, FL 32771

Title: S () Delete
Name: CYNTHIA, OLIVER
Address: 3165 BUCKLAND ST
City-St-Zip: DELTONA, FL 32738

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: HUGGINS, LENDWARD
Address: 115 SCOTT DRIVE
City-St-Zip: SANFORD, FL 32771

Title: T (X) Change () Addition
Name: BLAKE, RUBY N
Address: 700 E 7TH ST
City-St-Zip: SANFORD, FL 32771

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUBY N. BLAKE

T

06/29/2005

Electronic Signature of Signing Officer or Director

Date