

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728571

FILED
Jul 05, 2007
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, RUBY N
700 EAST 7TH ST.
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: HUGGINS, LENDWARD
Address: 115 SCOTT DRIVE
City-St-Zip: SANFORD, FL 32771

Title: V () Delete
Name: MURPHY, VICTORIA
Address: 5310 ARPANA DRIVE
City-St-Zip: ORLANDO, FL 32839

Title: T () Delete
Name: BLAKE, RUBY N
Address: 700 E 7TH ST
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: D () Delete
Name: AUSTIN, KATHY
Address: 1242 SEBASTIAN COVE
City-St-Zip: HEATHROW, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 exemption stated in Chapter 119, 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: LENDWARD HUGGINS

C

07/05/2007

Electronic Signature of Signing Officer or Director

Date