

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 04, 2003 8:00 am**  
**Secretary of State**

06-04-2003 90099 006 \*\*\*\*\*70.00

0072654

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0865843**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**5-15-03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

**ERROR**  
**\$5.00** May Be  
**NO** 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	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>FOGLE, DOROTHEA</b>	
STREET ADDRESS	<b>HOLLY AVENUE, P.O. BOX 804</b>	
CITY-ST-ZIP	<b>SANFORD FL 32772</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>CONKLIN, PHYLLIS</b>	
STREET ADDRESS	<b>1201 WASHINGTON DRIVE</b>	
CITY-ST-ZIP	<b>SANFORD FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>DANIELS, RUBY N</b>	
STREET ADDRESS	<b>1120 PECAN AVENUE</b>	
CITY-ST-ZIP	<b>SANFORD FL 32771</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HAWKINS, MARVA Y</b>	
STREET ADDRESS	<b>1004 W 134 ST., P O BOX 492</b>	
CITY-ST-ZIP	<b>SANFORD FL 32772</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BODISON, SYLVIA</b>	
STREET ADDRESS	<b>500 W. AIRPORT BLVD. #1815</b>	
CITY-ST-ZIP	<b>SANFORD FL 32771</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PARSELL, ROBERT</b>	
STREET ADDRESS	<b>207 E 25TH ST</b>	
CITY-ST-ZIP	<b>SANFORD FL 32771</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Daniels* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-15-03**

**407-322-3321**

Date Daytime Phone #

CR2E037 (10/02)