## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 738500** 

FILED Apr 05, 2007 Secretary of State

Entity Name: GOOD SAMARITAN MISSION SERVICES, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
8323 SAND LAKE ROAD ORLANDO, FL 328192099					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
8323 SAND LAKE ROAD ORLANDO, FL 328192099					
FEI Number:	59-1735929	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
BRANNON, RICHARD S THD					
8323 SAND LAKE RD ORLANDO, FL 32819 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:  Electronic Signature of Registered Agent  Date					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:		Delete R	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	SD ( ) DOREMUS, TH 1204 INA LANE MCLEAN, VA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CD ( ) KEOWN, HARO 17210 A GENIT MOSELEY, VA	· ·	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD ( ) BRYANT, REV. PO BOX 128 ADAMS RUN, S	•	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	EVPD ( ) BRANNON, STU 8323 SAND LAI ORLANDO, FL	KE ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: STUART BRANNON EVPD 04/05/2007