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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **755293**

1. Corporation Name

GOOD SAMS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
7455 S. THRESHOLD POINT HOMOSASSA FL 34446	P.O. BOX 3509 HOMOSASSA SPRINGS FL 34447 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 112 HOLMES PL.	26 112 HOLMES PL	11/25/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 23-7242521 ☐ Applied For ☐ Not Applicable
City & State 23 WINTER HAVEN, FL.	City & State 28 WINTER HAVEN, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 33884 25 USA	Zip / Country 29 33884 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

TREADWELL, FRANK
7455 S. THRESHOLD POINT
HOMOSASSA SPRINGS FL 34446

10. Name and Address of New Registered Agent

81 Name: JACK HENRY
82 Street Address (P.O. Box Number is Not Acceptable): 112 HOLMES PL.
83
84 City: WINTER HAVEN **FL** 85 Zip Code: 33884

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: J. Henry — 1-9-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD OTTO, PAUL RT 2 BPX 269 E KETSTONE HEIGHTS FL 32656	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D EDGAR HOOPER 711 E. 38th ST. HIALEAH, FL. 33013	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HENRY, THELMA 112 HOLMES PLACE WINTER HAVEN FL 33884	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SD Joann CULLUM 8736 S.W. 30th BLVD. BUSHNELL, FL. 33513	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JONES, JULIA P.O. BOX 6433-3417 N.W. 120TH AVENUE OCALA FL 34478	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TREADWELL, FRANK 7455 THRESHOLD POINT HOMOSASSA FL 34446	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	P JACK HENRY 112 HOLMES PL. WINTER HAVEN, FL 33884	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 1-9-99 — 941-324-3198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #