

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 767246 (2)  
1. Corporation Name  
GOOD SAMARITANS OF CHARLOTTE COUNTY, INC.



Principal Place of Business  
2395 HARBOR BLVD. A-311  
A-311  
PT. CHARLOTTE FL 33952  
US

Mailing Address  
2395 HARBOR BLVD. A-311  
PORT CHARLOTTE FL 33952  
US

3. Date Incorporated or Qualified 03/02/1983  
3a. Date of Last Report 04/28/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 304 NESBIT ST	26 P.O. Box 3213	NOT APPLICABLE	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 Room 104, 105	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 Punta Gorda, FL	28 Port Charlotte, FL	Trust Fund Contribution	<input type="checkbox"/>
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24 33950	25 Charlotte		
Country	Country		
29 33949	30 Charlotte		

9. Name and Address of Current Registered Agent

LICASTRO, GLORIA A  
2395 HARBOR BLVD, 311A  
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 Gloria A. Licastro

(NOTE: Registered Agent signature required when reinstating)

DATE April 19, 1996

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LICASTRO, GLORIA A	
STREET ADDRESS	2395 HARBOR BLVD., 311A	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORRISON, EUREL	
STREET ADDRESS	2111 HYATT DR	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OWENS, R NEAL	
STREET ADDRESS	160 PALMETTO CIR	
CITY-ST-ZIP	PORT CAHLOTTE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SISSON, LOUISE	
STREET ADDRESS	722 ASTER AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	OLIVER, EARLENE	
STREET ADDRESS	509 E CHARLOTTE AVE	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V-P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LAWRENCE TEAGUE	
1.3 STREET ADDRESS	1060 HARBOUR WOOD DR.	
1.4 CITY-ST-ZIP	PUNTA GORDA FL 33980	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Gloria A. Licastro  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE April 19, 1996 941 639-3335  
Daytime Phone #

CR2E037 (12/95)