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FILED

Feb 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # 767246 (2)  
1. Corporation Name  
GOOD SAMARITANS OF CHARLOTTE COUNTY, INC.

Principal Place of Business

Mailing Address

304 NESBIT ST  
ROOM 104, 105  
PUNTA GORDA FL 33950  
USP. O. BOX 3213  
PORT CHARLOTTE FL 33949-3213  
US3. Date Incorporated or Qualified  
03/02/19833a. Date of Last Report  
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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)

2/8/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☐ DELETE  
NAME LAWRENCE TEAGUE  
STREET ADDRESS 1080 HARBOUR WOOD DRIVE  
CITY-ST-ZIP PUNTA GORDA FLTITLE D ☒ DELETE  
NAME MORRISON, EURIEL  
STREET ADDRESS 2111 HYATT DR  
CITY-ST-ZIP PORT CHARLOTTE FLTITLE D ☐ DELETE  
NAME OWENS, R NEAL  
STREET ADDRESS 180 PALMETTO CIR 2205 AARONS  
CITY-ST-ZIP PORT CAHRLOTTE FLTITLE D ☐ DELETE  
NAME SISSON, LOUISE  
STREET ADDRESS 722 ASTER AVE. 22438  
CITY-ST-ZIP PORT CHARLOTTE FLTITLE T ☐ DELETE  
NAME OLIVER, EARLENE  
STREET ADDRESS 509 E CHARLOTTE AVE  
CITY-ST-ZIP PUNTA GORDA FLTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP1.1 TITLE HARGREAVE ALBR ☐ Change ☐ Addition  
1.2 NAME SECRETARY  
1.3 STREET ADDRESS 10803 BURNSTONE RD. BOX 140  
1.4 CITY-ST-ZIP PUNTA GORDA, FL. 339502.1 TITLE D.V. BLACK, M.D. ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 28053 WESTCHESTER BLVD  
2.4 CITY-ST-ZIP PORT CHARLOTTE, FL. 339503.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE:

Gloria A. Licastro

2/8/97

941-743-6191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PABLO BAPT

Date

Daytime Phone # 0057436

CR2E037 (9/96)