

DOCUMENT # 767246

1. Entity Name
GOOD SAMARITANS OF CHARLOTTE COUNTY, INC.

Principal Place of Business
304 NESBIT ST
ROOM 104, 105
PUNTA GORDA FL 33950
US

Mailing Address
P. O. BOX 3213
PORT CHARLOTTE FL 33949
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	LAWRENCE TEAGUE	
STREET ADDRESS	1060 HARBOUR WOOD DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	OWENS, R NEAL	
STREET ADDRESS	2305 AARONS	
CITY-ST-ZIP	PORT CAHRLOTTE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SISSON, LOUISE	
STREET ADDRESS	22438 ASTER AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, WILLIAM B	
STREET ADDRESS	P.O. BOX 2009	
CITY-ST-ZIP	PORT CHARLOTTE FL 33949	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
CITY-ST-ZIP		
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STREET ADDRESS		
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: SIGNATURE REQUIRED 1/06/01 941-743-6191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90011 037 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)