

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90042 022 ****70.00

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

GOOD SAMARITANS
P O BOX 494752
PORT CHARLOTTE FL 33949-4752
US

2. Principal Place of Business

3. Mailing Address



MOORE CR2E037 (11/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Gloria A. Licastro, President

2/28/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE VP
NAME LAWRENCE TEAGUE ☐ Delete
STREET ADDRESS 1080 HARBOUR WOOD DRIVE
CITY-ST-ZIP PUNTA GORDA FL 33980

TITLE D
NAME OWENS, R NEAL ☒ Delete
STREET ADDRESS 2305 AARONS
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE D
NAME SISSON, LOUISE ☐ Delete
STREET ADDRESS 22438 ASTER AVE.
CITY-ST-ZIP PORT CHARLOTTE FL 33980

TITLE D
NAME GLORIUS, MARTHA ☐ Delete
STREET ADDRESS 2395 HARBOR BLVD (2395)
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE PATRICIA GARAITON ☒ Delete
NAME TREASURER SEE 11
STREET ADDRESS 1266 GREEN OAK TRAIL
CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TREASURER ☐ Change ☒ Addition
NAME PATRICIA GARAITON
STREET ADDRESS 1266 GREEN OAK TRAIL
CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE SECRETARY ☒ Change ☐ Addition
NAME LOUISE SISSON
STREET ADDRESS 22438 ASTER AVE
CITY-ST-ZIP PORT CHARLOTTE, FL 33980

TITLE D ☐ Change ☒ Addition
NAME WILLIAM WISHARD
STREET ADDRESS 26097 WATERFOWL LANE
CITY-ST-ZIP PORT CHARLOTTE FL 33983

TITLE D ☐ Change ☒ Addition
NAME WILLIAM CROCKETT
STREET ADDRESS 2107 PETER BOROUGH ROAD
CITY-ST-ZIP PORT CHARLOTTE, FL 33983

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Gloria A. Licastro

GLORIA A. LICASTRO

2/28/04

941 743-6191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #