

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90054 011 \*\*\*\*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

30014330



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

DUE TO HURRICANE

3. Mailing Address

Suite, Apt. #, etc.

CHARLEY WEARE RESTATING US

City & State

City & State

IN A TRAILER IN PUNTA GORDA FL

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

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

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, 2005**

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 T ☐ Delete  
NAME GARAITON, PATRICIA  
STREET ADDRESS 1266 GREEN OAK TRAIL  
CITY-ST-ZIP PORT CHARLOTTE FL 33948

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

TITLE D ☐ Delete  
NAME GLORIUS, MARTHA  
STREET ADDRESS 2595 HARBOR BLVD  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE D ☐ Delete  
NAME WISHARD, WILLIAM  
STREET ADDRESS 26097 WATERFOWL LANE  
CITY-ST-ZIP PORT CHARLOTTE FL 33983

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME REV. WILLIAM KROSSNER  
STREET ADDRESS 405 SCARLET SAGE  
CITY-ST-ZIP PUNTA GORDA, FL 33952

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

Date

2/10/05

Daytime Phone #

1-941-743-6191