2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#767246

FILED Jan 28, 2009 Secretary of State

Entity Name: GOOD SAMARITANS OF CHARLOTTE COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

265 E. MARION AVE. L **UNIT 117A**

PUNTA GORDA, FL 33950

New Mailing Address: Current Mailing Address:

GOOD SAMARITANS P O BOX 494752

PORT CHARLOTTE, FL 339494752 US

FEI Number: 59-2379128 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LICASTRO, GLORIA A LICASTRO, GLORIA A 2395 HARBOR BLVD, 311A 2395 HARBOR BLVD,

PORT CHARLOTTE, FL 33952 US 311-A

PORT CHARLOTTE, FL 33952 US

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: 01/28/2009

> Electronic Signature of Registered Agent Date

> > Address:

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete KLOSSNER, WILLIAM LICASTRO, GLORIA A Name: Name:

405 SCARLET SAGE Address: 2395 HARBOR BOULEVARD Address: City-St-Zip: PUNTA GORDA, FL 33955 City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: () Delete Title: (X) Change () Addition GARRITON, PATRICIA GARRITON, PATRICIA Name: Name:

Address: 1266 GREEN OAK TRAIL Address: 1266 GREEN OAK TRAIL

City-St-Zip: PORT CHARLOTTE, FL 33948 City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: () Delete Title: (X) Change () Addition LANG, PENNY LANG, PENNY Name: Name:

21298 OCEAN BLVD 21298 OCEAN BLVD Address: City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: () Delete Title: (X) Change () Addition Name: WISHARD, WILLIAM Name: RITTER, MICHELE 26097 WATERFOWL LANE Address: Address: 21298 OLEANBOULEVARD City-St-Zip: PORT CHARLOTTE, FL 33983 City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: (X) Delete Title: () Change () Addition

SELTER, JENNY Name: Name: 364 MARION AVE, SUITE A1017 Address: Address: City-St-Zip: PUNTA GORDAY, FL 30050 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA GARRITON Т 01/28/2009