

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767246

FILED  
Feb 07, 2012  
Secretary of State

**Entity Name:** GOOD SAMARITANS OF CHARLOTTE COUNTY, INC.

**Current Principal Place of Business:**

1105 TAYLOR ROAD  
UNIT M  
PUNTA GORDA, FL 33950 US

**New Principal Place of Business:**

**Current Mailing Address:**

GOOD SAMARITANS  
P O BOX 494752  
PORT CHARLOTTE, FL 339494752 US

**New Mailing Address:**

**FEI Number:** 59-2379128

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

LICASTRO, GLORIA A  
2395 HARBOR BLVD,  
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:** GLORIA A. LICASTRO

02/07/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** LICASTRO, GLORIA A  
**Address:** 2395 HARBOR BOULEVARD, UNIT 311-A  
**City-St-Zip:** PORT CHARLOTTE, FL 33952 US

**Title:** T  
**Name:** GARRITON, PATRICIA  
**Address:** 1266 GREEN OAK TRAIL  
**City-St-Zip:** PORT CHARLOTTE, FL 33948 US

**Title:** S  
**Name:** MUNSON, DIANNE M  
**Address:** 1105 TAYLOR ROAD, SUITE M  
**City-St-Zip:** PORT CHARLOTTE, FL 33950 US

**Title:** D  
**Name:** RITTER, MICHELE  
**Address:** 21298 OLEAN BOULEVARD  
**City-St-Zip:** PORT CHARLOTTE, FL 33952 US

**Title:** ED  
**Name:** MUNSON, DIANNE M  
**Address:** 1105 TAYLOR ROAD, SUITE M  
**City-St-Zip:** PUNTA GORDA, FL 33950 US

I hereby 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 all other like empowered.

**SIGNATURE:** DIANNE MARIE MUNSON

ED,S

02/07/2012

Electronic Signature of Signing Officer or Director

Date