

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F00271 (9)**

1. Corporation Name

**GOOD SAMARITAN RETIREMENT HOME, INC.**

Principal Place of Business

**507 SE 1ST AVE  
WILLISTON FL 32696**

Mailing Address

**507 SE 1ST AVE  
WILLISTON FL 32696**

*SEE ATTACHED LETTER*



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

**09/25/1980**

3a. Date of Last Report

**04/12/1995**

4. FEI Number

**39-2030908**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CHRISTMAN, THOMAS G  
527 E. UNIV.  
GAINESVILLE, FL**

10. Name and Address of New Registered Agent

81. Name

**NORM D. FUGATE**

82. Street Address (P.O. Box Number is Not Acceptable)

**444 NORTH WEST MAIN ST**

83. Suite, Apt. #, etc.

**Suite 1**

84. City

**Williston**

FL

85. Zip Code

**32696**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Norm D. Fugate*  
Signature, typed or printed name of registered agent and title if applicable.

**NORM D. FUGATE**  
(NOTE: Registered Agent signature required when reinstating)

**2-29-96**  
(DATE)

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DST  
MARTIN, ALEXANDER  
507 SE 1ST AVE  
WILLISTON FL** ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DST  
MANANQUIL, ROLANDO G  
130 SW 7TH ST  
WILLISTON, FL 00000** ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Pres.  
ALDO RA M. MARTIN  
130 S.W. 7TH ST  
Williston FL 32696** ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

**400001753784  
-03/22/96--01014--006  
\*\*\*208.75**

**M.M.  
3-21-96**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Quinn M. Martin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-29-96**

**904.52P 3201**

Date Daytime Phone #

CR2E034 (12/95)