

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**May 02 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 32696-2703**

3. Date Incorporated or Qualified: **09/25/1980** 3a. Date of Last Report: **03/21/1996**  
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

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 25 Country: 26 Mailing Address: 27 Suite, Apt. #, etc.: 28 City & State: 29 Zip: 30 Country:

**9. Name and Address of Current Registered Agent**

**FUGATE, NORM D.  
444 NORTH WEST MAIN ST. SUITE 1  
WILLISTON FL 32696**

**10. Name and Address of New Registered Agent**

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83: 84 City: **FL** 85 Zip Code:

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DST</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTIN, ALEXANDER</b>	
STREET ADDRESS	<b>507 SE 1ST AVE</b>	
CITY- ST- ZIP	<b>WILLISTON FL</b>	
TITLE	<b>DST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MANANQUIL, ROLANDO G</b>	
STREET ADDRESS	<b>130 SW 7TH ST</b>	
CITY- ST- ZIP	<b>WILLISTON FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTIN, AURORA M</b>	
STREET ADDRESS	<b>130 S.W. 7TH STREET</b>	
CITY- ST- ZIP	<b>WILLISTON FL 32696</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Sherry Martin Nolfe</b>	
1.3 STREET ADDRESS	<b>507 SE 1st Ave.</b>	
1.4 CITY- ST- ZIP	<b>Williston, Florida 32696</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>John David Nolfe</b>	
2.3 STREET ADDRESS	<b>507 SE 1st Ave.</b>	
2.4 CITY- ST- ZIP	<b>Williston, Florida 32696</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do 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 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: **AURORA M. MARTIN** DATE: **4-28-97** DAYTIME PHONE: **352-528 3201**

CRE034 (9/96)