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FILED

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DST	<input type="checkbox"/> DELETE
NAME	MARTIN, ALEXANDER	
STREET ADDRESS	507 SE 1ST AVE	
CITY- ST- ZIP	WILLISTON FL	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	MANANQUIL, ROLANDO G	
STREET ADDRESS	130 SW 7TH ST	
CITY- ST- ZIP	WILLISTON FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MARTIN, AURORA M	
STREET ADDRESS	130 S.W. 7TH STREET	
CITY- ST- ZIP	WILLISTON FL 32696	
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	VicerPresident Nofle	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sherry Martin Nolfe	
1.3 STREET ADDRESS	507 SE 1st Ave.	
1.4 CITY- ST- ZIP	Williston, Florida 32696	
2.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John David Nolfe	
2.3 STREET ADDRESS	507 SE 1st Ave.	
2.4 CITY- ST- ZIP	Williston, Florida 32696	
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97
Date

352-528 3201
Daytime Phone: #

0000590

CR2E034 (9/96)