

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00271

FILED
Feb 09, 2005
Secretary of State

Entity Name: GOOD SAMARITAN RETIREMENT HOME, INC.

Current Principal Place of Business:

507 SE 1ST AVE
WILLISTON, FL 32696

New Principal Place of Business:

Current Mailing Address:

507 SE 1ST AVE
WILLISTON, FL 32696

New Mailing Address:

FEI Number: 59-2030908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FUGATE, NORM D.
110 N.E. 5TH STREET
WILLISTON, FL 32696 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARTIN, AURORA
Address: 18350 NE 35TH ST
City-St-Zip: WILLISTON, FL 32696

Title: VP () Delete
Name: MARTIN NOLFE, SHERRY LYN
Address: 2081 LAKE TODD CT.
City-St-Zip: APOPKA, FL 32712

Title: S () Delete
Name: NOLFE, JOHN DAVID
Address: 2081 LAKE TODD CT.
City-St-Zip: APOPKA, FL 32712

Title: T () Delete
Name: MARTIN, ALEXANDER
Address: 18350 NE 35TH ST
City-St-Zip: WILLISTON, FL 32696

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXANDER M. MARTIN

TRES

02/09/2005

Electronic Signature of Signing Officer or Director

_____ Date