

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 29, 2002 8:00 am**  
**Secretary of State**

06-13-2002 90383 028 \*\*\*\*61.25

**DOCUMENT # N00000004387**

1. Entity Name

**CHURCH OF GOD WORKS OF THE GOOD SAMARITAN, INC.**

Principal Place of Business

11400 NW 12TH AVE.  
 MIAMI FL 33168  
 US

Mailing Address

10839 NE 2ND PLACE  
 MIAMI FL 33161

98675

2. Principal Place of Business

5600 NW 2nd Ave.

3. Mailing Address

10839 NE 2nd Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, Florida

City & State

Miami, Florida

4. FEI Number

65-1022202

Applied For

Not Applicable

Zip

33137

Country

USA

Zip

33161

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

REGISTE, BENISSOIS REV.  
 10839 NE 2ND PLACE  
 MIAMI FL 33161

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PM	<input type="checkbox"/> Delete
NAME	REGISTE, BENISSOIS REV.	
STREET ADDRESS	10839 NE 2ND PLACE	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMILIEN, JEAN I	
STREET ADDRESS	1281 NW 117TH ST.	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JEAN, CHRISTIAN	
STREET ADDRESS	820 NE 182ND ST.	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	JEAN, ANTONIA	
STREET ADDRESS	820 NE 182ND ST.	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MALBRANCHE, EDY	
STREET ADDRESS	11150 NW 11TH AVE	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PAUL, PIERRE L	
STREET ADDRESS	14305 NE 8TH AVE	
CITY-ST-ZIP	MIAMI FL 33161	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGISTE BENISSOIS	
STREET ADDRESS	10839 NE 2nd PLACE	
CITY-ST-ZIP	Miami, FL 33161	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Similien, Jean I.	
STREET ADDRESS	1281 NW 117 ST	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOEL, EUGENIE TD	
STREET ADDRESS	129 NE 80 Terrace #2	
CITY-ST-ZIP	MIAMI, FL 33138	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jean, Antonia	
STREET ADDRESS	820 NE 182 ST	
CITY-ST-ZIP	MIAMI, FL 33162	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REGISTE, MARIE	
STREET ADDRESS	10839 NE 2nd Place	
CITY-ST-ZIP	MIAMI, FL 33161	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/02 (305) 756-1494  
 Date Daytime Phone #

CR2E037 (9/01)