## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jul 01, 2002 8:00 am Secretary of State DOCUMENT # N0000006137 1. Entity Name 06-05-2002 90411 028 \*\*\*\*61.25 GOOD SAMARITAN FOUNDATION OF JACKSONVILLE, INC. Principal Place of Business Mailing Address 1852 MISTY LAKE DRIVE 0 ( 1 🛭 🖟 🖰 1652 MISTY LAKE DRIVE ORANGE PARK FL 32003 ORANGE PARK FL 32003 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc.! Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3684013 Zip Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ABOOD, SAMUEL L Street Address (P.O. Box Number is Not Acceptable) 1652 MISTY, LAKE DRIVE **ORANGE PARK FL 32003** City 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 egent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9: Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE NAME PALMER, ERIC Change ☐ Addition NAME STREET ADDRESS 922 CANOPY OAK DRIVE STREET ADDRESS Cake Dive CITY-ST-7/P JACKSONVILLE FL 32257 CITY-ST-ZIP D:::^ -: (; MILE 😽 🗧 . ☐ Delete TITLE GUY, ANNA Change ☐ Addition NAME: NAME STREET ADDRESS 8305 THORTON COURT STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32221-1718 CITY-ST-ZIP TITLE Delete TITLE NAME BEALS, PAUL ☐ Change ☐ Addition NAME STREET ADDRESS 4602 SPRING GLEN RD STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32207 CITY-ST-7IP TITLE ☐ Delete TITLE NAME ☐ Chance Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY=ST-ZIP\* TITLE Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TRILE : ☐ Dalete IIILE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-7IP

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information inclicated 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

SIGNATURE:

(क्रा)

**FILED**