

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006137

FILED
Jul 18, 2005
Secretary of State

Entity Name: GOOD SAMARITAN FOUNDATION OF JACKSONVILLE, INC.

Current Principal Place of Business:

1652 MISTY LAKE DRIVE
ORANGE PARK, FL 32003 US

New Principal Place of Business:

Current Mailing Address:

1652 MISTY LAKE DRIVE
ORANGE PARK, FL 32003 US

New Mailing Address:

FEI Number: 59-3684013 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ABOOD, SAMUEL L
1652 MISTY LAKE DRIVE
ORANGE PARK, FL 32003 US

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PALMER, ERIC
Address: 922 CANOPY OAK DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: GUY, ANNA
Address: 8305 THORTON COURT
City-St-Zip: JACKSONVILLE, FL 322211718

Title: PD () Delete
Name: ABOOD, SAMUEL
Address: 1652 MISTY LAKE DRIVE
City-St-Zip: ORANGE PARK, FL 32003

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL ABOOD

PD

07/18/2005

Electronic Signature of Signing Officer or Director

Date