2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N00000006137

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 ( )**

Name and Address of Current Registered Agent:

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

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D ( ) Change (X) Addition
Name: ABOOD, PAMELA
Address: 1652 MISTY LAKE DRIVE
City-St-Zip: ORANGE PARK, FL 32003

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 04/13/2009

Electronic Signature of Signing Officer or Director — Date