

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006137

**FILED**  
**Apr 29, 2011**  
**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 ( )**

**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  
**Name:** PALMER, ERIC  
**Address:** 922 CANOPY OAK DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32257

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

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

**Title:** D  
**Name:** ABOOD, PAMELA  
**Address:** 1652 MISTY LAKE DRIVE  
**City-St-Zip:** ORANGE PARK, FL 32003

I hereby 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 all other like empowered.

**SIGNATURE:** SAMUEL ABOOD

PD

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date