

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 30, 2002 8:00 am
Secretary of State

09-30-2002 90181 030 ***61.25

DOCUMENT # N00000007213

1. Entity Name

GOOD SAMARITAN ASSOCIATION OF FORT MYERS, INC.

Principal Place of Business

Mailing Address

1025 ALVIN AVE
 LEHIGH ACRES FL 33971

1025 ALVIN AVE
 LEHIGH ACRES FL 33971

2. Principal Place of Business

3. Mailing Address

1025 Alvin ave

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Lehigh acres fls

City & State

City & State

33971

Zip

Country

33971

USA

City & State

Zip

Country

4. FEI Number **65-1110701**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CENEL, BENEL
 1025 ALVIN AVE
 LEHIGH ACRES FL 33971

Name

NA

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 min. will be \$236.25.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	CENEL, BENEL	no
STREET ADDRESS	1025 ALVIN AVE	
CITY-ST-ZIP	LEHIGH ACRES FL 33971	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CONSTANT, NERLANDE	no
STREET ADDRESS	2125 UNITY ST	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PIERRE, EMILE	no
STREET ADDRESS	5527 GRENADA RD	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FRANKIS, DUPONT	no
STREET ADDRESS	2629 BROADWAY AVE	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	Same
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Benel 8/30/02

Day

Daytime Phone #

CR2E037 (4/02)



Attachment

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

September 5, 2002

GOOD SAMARITAN ASSOCIATION OF FORT MYERS, INC.
1025 ALVIN AVE
LEHIGH ACRES, FL 33971

Subject: **GOOD SAMARITAN ASSOCIATION OF FORT MYERS, INC.**

Reference Number: **N00000007213**

678571

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF
CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA
32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

~~If you have additional questions or need further assistance, please call the~~
Division of Corporations at (850) 488-9000.

/JN

ANNUAL REPORTS SECTION

Attachment

678571

#D00000007213

I'm very sorry for the
inconvinient of The Annual Report.
We try to see how much we should
send, but in the form there was
nothing make I think that was
the problem. There is no change
effect in our Comitee that the reason
it has not been make.

Thank you very much for let
us know. @

Sincerely

Benf Benf

