


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90206 038 ****61.25

DOCUMENT # N00000007213 1. Entity Name GOOD SAMARITAN ASSOCIATION OF FORT MYERS, INC.					
Principal Place of Business 1025 ALVIN AVE LEHIGH ACRES FL 33971				Mailing Address 1025 ALVIN AVE LEHIGH ACRES FL 33971	
2. Principal Place of Business Suite, Apt. #, etc. <i>Same as the Above</i> City & State <i>Same as the Above</i> Zip _____ Country _____		3. Mailing Address <i>Same as the Above.</i> Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____			
4. FEI Number 65-1110701				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				MOORE CR2E037 (4/04)	
6. Name and Address of Current Registered Agent CENEL, BENEL 1025 ALVIN AVE LEHIGH ACRES FL 33971			7. Name and Address of New Registered Agent Name <i>N/A</i> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CENEL, BENEL 1025 ALVIN AVE LEHIGH ACRES FL 33971	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>N/A</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CONSTANT, NERLANDE 2125 UNITY ST FT MYERS FL 33901	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>N/A</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PIERRE, EMILE 5527 GRENADA RD FT MYERS FL 33919	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>N/A</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRANKIS, DUPONT 2629 BROADWAY AVE FT MYERS FL 33901	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>N/A</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **CENEL BENEL** 9- 03- 04.(231) 334 3159