FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N00544** **(9)**

1. Corporation Name
GOOD SAMARITAN FOUNDATION, INC.

Principal Place of Business	Mailing Address
FLAGLER DR @ PALM BCH LKS BLVD PO BOX 024308 W PALM BCH FL 33402-1308	FLAGLER DR @ PALM BCH LKS BLVD PO BOX 024308 W PALM BCH FL 33402-1308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/22/1983**
3a. Date of Last Report: **07/19/1994**
4. FEI Number: **59-2391119** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status XX **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

VALERIE, LARCOMBE
1509 FLAGLER DR
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: Valerie Goodwin Larcombe
82 Street Address (P.O. Box Number is Not Acceptable): 1309 North Flagler Drive
83 Flagler Drive at Palm Beach Lakes Blvd.
84 City: West Palm Beach FL 85 Zip Code: 33401

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Valerie Goodwin Larcombe 5/1/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	PS	XX Change ☐ Addition
NAME	WEXNER, SUZETTE	1.2 NAME	Suzette Wexner	
STREET ADDRESS	FLAGLER DR PALM BEACH 1309	1.3 STREET ADDRESS	1309 North Flagler Drive	
CITY-ST-ZIP	W PALM BEACH FL	1.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	CD	2.1 TITLE	CD	XX Change ☐ Addition
NAME	GOLDSMITH,GERALD	2.2 NAME	Gerald Goldsmith	
STREET ADDRESS	1390 FLAGLER DR	2.3 STREET ADDRESS	1309 North Flagler Drive	
CITY-ST-ZIP	W PALM BCH FL	2.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	D	3.1 TITLE	VCD	XX Change ☐ Addition
NAME	JOH,ERIK (ESQ)	3.2 NAME	Erik E. Joh	
STREET ADDRESS	1309 FLAGLER DR	3.3 STREET ADDRESS	1309 North Flagler Drive	
CITY-ST-ZIP	WEST PALM BCH FL 33401	3.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	VC	4.1 TITLE	VCD	XX Change ☐ Addition
NAME	MACK,DAVID S.	4.2 NAME	David S. Mack	
STREET ADDRESS	1309 FLAGLER DR	4.3 STREET ADDRESS	1309 North Flagler Drive	
CITY-ST-ZIP	W. PALM BCH. FL 33401	4.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAM J. BYRON	5.2 NAME	Delete	
STREET ADDRESS	1309 FLAGLER DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL 33401	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 5/1/95 407 650 6223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

604775