FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
May 09 1997 8:00 am
Secretary of State

DOCUMENT # N00544

1. Corporation Name
GOOD SAMARITAN FOUNDATION, INC.

Principal Place of Business
1309 N. Flagler Dr.
West Palm Beach, FL
33402

Mailing Address
1309 N. Flagler Dr.
West Palm Beach, FL
33402

3. Date Incorporated or Qualified: 12/22/1983
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 505 S. Flagler Drive
Suite, Apt. #, etc.
22: Suite 600
City & State
23: West Palm Beach, FL
Zip 24: 33401 Country 25: Palm Beach

2a. Mailing Address
26: 505 S. Flagler Drive
Suite, Apt. #, etc.
27: Suite 600
City & State
28: West Palm Beach, FL
Zip 29: 33401 Country 30: Palm Beach

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
61 Name: Valerie G. Larcombe
62 Street Address (P.O. Box Number is Not Acceptable): 1309 No. Flagler Drive
63:
64 City: West Palm Beach FL 65 Zip Code: 33401

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ 4-28-97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	WEXNER, Suzette 1309 N. Flagler Dr. West Palm Beach, FL	XX DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	McCLOSKEY, Thomas 1309 N. Flagler Dr. West Palm Beach, FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	CSD Thomas McCloskey 505 So. Flagler Drive, #600 West Palm Beach, FL 33401	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOH, Erik E. 1309 N. Flagler Dr. West Palm Beach, FL	XX DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TD Frank Nask 1309 No. Flagler Drive West Palm Beach, FL 33401	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MACK, David S. 1309 N. Flagler Dr. West Palm Beach, FL	XX DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VCD Gerald Goldsmith 505 So. Flagler Drive, #600 West Palm Beach, FL 33401	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ANDERSON, John 1309 N. Flagler Dr. West Palm Beach, FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	VCD John Anderson 505 So. Flagler Drive, #600 West Palm Beach, FL 33401	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DREYFOOS, Alexander W. 1309 N. Flagler Dr. West Palm Beach, FL 33401	XX DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	800002175418 -05/12/97--01133--015 ***140.00	☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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 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: _____ 5/1/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #