

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000664

FILED
Apr 29, 2007
Secretary of State

Entity Name: SAMARITAN MINISTRIES, INC.

Current Principal Place of Business:

700 E LAMBERT
BUNNELL, FL 32110 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 24
BUNNELL, FL 32110 US

New Mailing Address:

FEI Number: 59-3692934 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOPKINS, DANIEL
30 CRYSTAL BAY CT
PALM COAST, FL 32137 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 () Delete
Name: EMERY, CAROL L
Address: 9838 CR 304
City-St-Zip: BUNNELL, FL 32110

Title: TD () Delete
Name: WILLIAMS, MAGDALENA
Address: 70 FURNESS PL.
City-St-Zip: PALM COAST, FL 32137

Title: PSD () Delete
Name: VICKERY, LORRAINE
Address: 309 JOHN ANDERSON HWY.
City-St-Zip: FLAGLER BCH, FL 32136

Title: D () Delete
Name: FUNARO, JOE
Address: 11 WOODSTON LANE
City-St-Zip: PALM COAST, FL 32164

Title: VD () Delete
Name: HOPKINS, DANIEL
Address: 30 CRYSTAL BAY CT.
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: HUDDLESTON, BARBARA
Address: 35 BREN MAR LN
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HOPKINS, BETTY
Address: 30 CRYSTAL BAY COURT
City-St-Zip: PALM COAST, FL 32137

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LORRAINE G. VICKERY

PSD

04/29/2007

Electronic Signature of Signing Officer or Director

_____ Date