

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 JUL 30 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N01000000664 1. Entity Name SAMARITAN MINISTRIES, INC.					
Principal Place of Business 700 E LAMBERT BUNNELL, FL 32110 US		Mailing Address P.O. BOX 24 BUNNELL, FL 32110 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3692934	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOPKINS, DANIEL 30 CRYSTAL BAY CT PALM COAST, FL 32137				7. Name and Address of New Registered Agent* Name 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Amended AR is \$61.25		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	D EMERY, CAROL L 9838 CR 304 BUNNELL, FL 32110	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LABRAND, EVE MARIE 24 BURNING TREE PL. PALM COAST, FL 32137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, MAGDALENA 70 FURNESS PL. PALM COAST, FL 32137	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, Robert 3040 Painters WALK FLAGLER Bch., FL 32136	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD VICKERY, LORRAINE 309 JOHN ANDERSON HWY. FLAGLER BCH, FL 32136	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VICKERY, LORRAINE 309 John Anderson Hwy. FLAGLER Bch., FL 32136	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUNARO, JOE 11 WOODSTON LANE PALM COAST, FL 32164	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000107467890 08/07/07--01058--012 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOPKINS, DANIEL 30 CRYSTAL BAY CT. PALM COAST, FL 32137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition	Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPKINS, BETTY 30 CRYSTAL BAY COURT PALM COAST, FL 32137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOPKINS, BETTY 30 Crystal Bay Ct. PALM COAST, FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Lorraine G. Vickery</i> LORRAINE G. VICKERY 7/29/07 (386) 4374372					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					