

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90030 015 ****70.00

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04092008 Chg-NP CR2E037 (12/06)

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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3692934	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOPKINS, DANIEL 30 CRYSTAL BAY CT PALM COAST, FL 32137			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 registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMERY, CAROL L		NAME	EVANS, Robert	
STREET ADDRESS	9838 CR 304		STREET ADDRESS	3040 Painters Walk	
CITY-ST-ZIP	BUNNELL, FL 32110		CITY-ST-ZIP	Flagler Beach, FL 32136	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LABRAND, EVE M		NAME	Manthey Stewart	
STREET ADDRESS	24 BURNING TREE PL		STREET ADDRESS	28 Cedar Point Dr.	
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICKERY, LORRAINE		NAME		
STREET ADDRESS	309 JOHN ANDERSON HWY.		STREET ADDRESS		
CITY-ST-ZIP	FLAGLER BEACH, FL 32136		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUNARO, JOE		NAME		
STREET ADDRESS	11 WOODSTON LANE		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32164		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPKINS, DANIEL		NAME		
STREET ADDRESS	30 CRYSTAL BAY CT.		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPKINS, BETTY		NAME		
STREET ADDRESS	30 CRYSTAL BAY COURT		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
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		4/9/08 (380) 437-4372	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	