


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90231 023 ****61.25

DOCUMENT # N01000007549

1. Entity Name
SAMARITAN'S CHAPEL, INC.



Principal Place of Business
**504 E. VENICE AVENUE
 VENICE, FL 34285**

Mailing Address
**504 E. VENICE AVENUE
 VENICE, FL 34285**

60033804



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04252006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-1149584

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**STEINBERG, ERIN
 504 E. VENICE AVENUE
 VENICE, FL 34285**

7. Name and Address of New Registered Agent

Name **Erin Mogford**

Street Address (P.O. Box Number is Not Acceptable)
613 Granada Ave

City **Venice** FL Zip Code **34285**

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 *Erin Mogford* DATE **4/25/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MOGFORD, EDMOND JR.	
STREET ADDRESS	613 GRANDA AVE	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEINBERG, ERIN	
STREET ADDRESS	1310 FIR AVE	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARROTT, LAWRENCE	
STREET ADDRESS	1225 EAST GATE DR.	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Erin Mogford	
STREET ADDRESS	613 Granada Ave	
CITY-ST-ZIP	Venice, FL 34285	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Faye Eyles	
STREET ADDRESS	609 Carefree	
CITY-ST-ZIP	Venice, FL 34285	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Herrera	
STREET ADDRESS	1037 US 41 Bypass South	
CITY-ST-ZIP	Venice, FL 34285	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Hodge	
STREET ADDRESS	312 West Miami Ave.	
CITY-ST-ZIP	Venice, FL 34285	

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: *Erin Mogford* DATE **4/25/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR