

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000007985

FILED
Nov 05, 2004
Secretary of State**Entity Name:** THE SAMARITAN CORPORATION, INCORPORATED**Current Principal Place of Business:**9475 SE 35TH CT.
OCALA, FL 34480**New Principal Place of Business:****Current Mailing Address:**9475 SE 35TH CT.
OCALA, FL 34480**New Mailing Address:****FEI Number:** 01-0563999**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BOYNTON, ANGIE
32 BANYAN PASS LOOP
OCALA, FL 34472 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: LECORN, BERNARD
Address: 9475 SE 35TH AVE.
City-St-Zip: Ocala, FL 34480**Title:** D () Delete
Name: WILLIAMS, ROBERT
Address: P.O. BOX 1229
City-St-Zip: ALACHUA, FL 32616**Title:** D () Delete
Name: BELFREY, ALICIA
Address: 6375 SE 28TH PL
City-St-Zip: Ocala, FL 34471**Title:** D () Delete
Name: HOLLOWAY, ALVA
Address: 547 SILVER CRS CIR
City-St-Zip: Ocala, FL 34472**Title:** D () Delete
Name: BANFIELD, KELVIN
Address: 1 CLEAR RUN
City-St-Zip: Ocala, FL 34472**Title:** D () Delete
Name: DEJESUS, LUIS
Address: 2901 SW 41 ST APT 2608
City-St-Zip: Ocala, FL 34474**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BERNARD LECORN

CEO

11/05/2004

Electronic Signature of Signing Officer or Director

Date