2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2008
Secretary of State

DOCUMENT# N01000007985

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LECORN, BERNARD W
9475 SE 35TH CT
OCALA, FL 34480 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: DAMON, HAROLD
Address: 3719 SE 73RD ST
City-St-Zip: OCALA, FL 34480

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
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:

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: BERNARD LECORN D 07/03/2008

Electronic Signature of Signing Officer or Director — Date