

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90055 031 \*\*\*\*61.25

**DOCUMENT # N02000004568**

1. Entity Name  
**GOOD SAMARITAN WORSHIP CENTER, INC.**



Principal Place of Business  
**211 PINOAK CT. W  
CRESTVIEW, FL 32539**

Mailing Address  
**211 PINOAK CT. W  
CRESTVIEW, FL 32539**

**94012319**



01262004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WILLIAMSON, A WAYNE  
1020 FERDON BLVD SOUTH  
CRESTVIEW, FL 32536**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BRANDE, NEEL  
211 PINOAK CT. W  
CRESTVIEW, FL 32539**

**BRANDE, LOUIS N.**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
TINSMAN, STEVEN F  
7648 FOUR FLAGS RD.  
LAUREL HILL, FL 32567**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WELTON, MARK H  
8251 JORDAN RD.  
BAKER, FL 32531**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

*Louis Neel Brande*

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/2/04*

Date

*850-682-5862*

Daytime Phone #