

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90060 037 ****61.25

DOCUMENT # N02000004568

1. Entity Name

GOOD SAMARITAN WORSHIP CENTER, INC.



Principal Place of Business

**206 AMELIA PLACE
CRESTVIEW FL 32539**

Mailing Address

**206 AMELIA PLACE
CRESTVIEW FL 32539**

2. Principal Place of Business

211 Pinoak Ct. W

Suite, Apt. #, etc.

3. Mailing Address

211 Pinoak Ct. W

Suite, Apt. #, etc.

City & State

Crestview, FL

City & State

Crestview, FL

Zip

32539

Country

Zip

32539

Country

4. FEI Number

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**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☐ Delete
NAME **L Ned Brundage**
STREET ADDRESS **211 Pinoak Ct W Crestview, FL**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director** ☐ Delete
NAME **Steven F. Tinsman**
STREET ADDRESS **7648 Four Flags Rd**
CITY-ST-ZIP **Laurel Hill, FL 32567**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director** ☐ Delete
NAME **Mark H. Walton**
STREET ADDRESS **8251 Jordan Rd.**
CITY-ST-ZIP **Baker, FL 32531**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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.

SIGNATURE: **SEANATIA P. BERNARD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 15, 2003 855-682-5862

CR2E037 (10/02)