


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000006158 1. Entity Name THE GOOD SAMARITAN PRAYER BAND INC.	
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Principal Place of Business 2521 CENTRAL AVE SARASOTA FL 34234	Mailing Address 2521 CENTRAL AVE SARASOTA FL 34234
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	05-0529520	Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent MCGEE, SARAH A 2521 CENTRAL AVE SARASOTA FL 34234	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	MCGEE, SARAH A	NAME	
STREET ADDRESS	2521 CENTRAL AVE	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34234	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD	TITLE	
NAME	MCGEE, BUCK	NAME	
STREET ADDRESS	2521 CENTRAL AVE	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34234	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD	TITLE	
NAME	RANDALL, JOSEPH L	NAME	
STREET ADDRESS	2146 N TUTTLE AVE	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34234	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD	TITLE	
NAME	COATS, MYRTLE	NAME	
STREET ADDRESS	1445 17 ST	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34234	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: SARAH R. MCGEE *Sarah A. McGee* Feb-14-08 941-365-6046