

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

FILED
Jun 04, 2004 8:00 am
Secretary of State

06-04-2004 90001 020 ****61.25

DOCUMENT # N02000009927

1. Entity Name

GOOD SAMARITAN WORLD OUTREACH MINISTRIES, INC.



Principal Place of Business

**1607 E. MAPLE AVE.
TAMPA FL 33604**

Mailing Address

**P.O. BOX 17347
TAMPA FL 33682**

2. Principal Place of Business

7702 Rivergate Dr. Apt Suite 824

Suite, Apt. #, etc.

Bldg 800

City & State

TAMPA FL

Zip

33619

Country

Hillsborough

3. Mailing Address

P.O. BOX 17347

Suite, Apt. #, etc.

TAMPA

City & State

FLORIDA

Zip

33682

Country

Hillsborough



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

571151-276

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

NELSON, PAUL REV.

1607 E. MAPLE AVE.

TAMPA FL 33604

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/28/04

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

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

TITLE NAME ☐ Delete
Pastor Paul Nelson / President
STREET ADDRESS **7702 Rivergate Dr. Suite 824**
CITY-ST-ZIP **TAMPA, FL 33619**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
Lubervia Nelson / V. President
STREET ADDRESS **7702 Rivergate Dr. Apt**
CITY-ST-ZIP **Suite 824 Tampa, FL 33619**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
Pastor Sem Leo
STREET ADDRESS **2322 Clifton St. W. TAMPA**
CITY-ST-ZIP **FL 33604 Public Relations**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
Allan Camesa
STREET ADDRESS **2924 Jean St W. Treasury**
CITY-ST-ZIP **TAMPA, FL 33604 TREASURY**

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Nelson

04/28/04

Date

Daytime Phone #

(813) 245-3886

(813) 635-9647

CR2E037 (4/03)