


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000009927	
1. Entity Name GOOD SAMARITAN WORLD OUTREACH MINISTRIES, INC.	

Principal Place of Business 7702 RIVERGATE DRIVE, BLDG 800, STE 824 TAMPA, FL 33619	Mailing Address P.O. BOX 17347 TAMPA, FL 33682
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04272005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1151276	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NELSON, PAUL REV. 1607 E. MAPLE AVE. TAMPA, FL 33604
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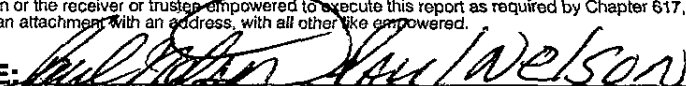
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE: 		DATE: 4/28/05
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD NELSON, LUBERNIA 7702 RIVERGATE DRIVE, BLDG 800, STE 824 TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LEO, SEM 2322 CLIFFTON ST W. TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NELSON, PAUL 7702 RIVERGATE DRIVE, BLDG 800, STE 824 TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CAMESA, ALLAN 2921 JEAN ST W. TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/05/05-80084-008 70.00

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: 	DATE: 4/28/05	DAYTIME PHONE #: (813) 685-2206
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

685-2206