2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N02000009927

Entity Name: GOOD SAMARITAN WORLD OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

7702 RIVERGATE DRIVE, BLDG 800, STE 824
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 17347
TAMPA, FL 33682

New Mailing Address:

FEI Number: 57-1151276 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NELSON, PAUL REV.
1607 E. MAPLE AVE.
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VD	( ) Delete
Name:	NELSON, LUBERNIA	
Address:	7702 RIVERGATE DRIVE, BLDG 800, STE 824	
City-St-Zip:	TAMPA, FL 33619	
Title:	SD	( ) Delete
Name:	LEO, SEM	
Address:	2322 CLIFFTON ST W.	
City-St-Zip:	TAMPA, FL 33604	
Title:	P	( ) Delete
Name:	NELSON, PAUL	
Address:	7702 RIVERGATE DRIVE, BLDG 800, STE 824	
City-St-Zip:	TAMPA, FL 33619	
Title:	T	( ) Delete
Name:	CAMESA, ALLAN	
Address:	2921 JEAN ST W.	
City-St-Zip:	TAMPA, FL 33614	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL NELSON P 04/30/2007

Electronic Signature of Signing Officer or Director — Date