

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000009927

FILED
Oct 15, 2009
Secretary of State

Entity Name: GOOD SAMARITAN WORLD OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

1314 E. HILLSBOROUGH AVE. TAMPA, FL 33604
HOUSE- OFFICE
TAMPA, FL 33604

New Principal Place of Business:

2910 E.DR. MARTIN LUTHER KING BLVD
BUILDING - OFFICE
TAMPA, FL 33610

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: PAUL NELSON

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

10/15/2009

Electronic Signature of Signing Officer or Director

Date