


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000000104		
1. Entity Name GOOD SAMARITAN FOUNDATION, INC.		
Principal Place of Business P. O. BOX 5778 LAKE WORTH, FL 33466-5778		Mailing Address P. O. BOX 5778 LAKE WORTH, FL 33466-5778
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CHARILUS, FANISE 925 SOUTH C ST. LAKE WORTH, FL 33460		DO NOT WRITE IN THIS SPACE
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: <i>Fanise Cherilus</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PD	DO NOT WRITE IN THIS SPACE
NAME	PIERRE-GILLES, MICKEL	
STREET ADDRESS	905 S. RIDGE ST	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE	TD	
NAME	CHERILUS, FANISE	
STREET ADDRESS	925 SOUTH C STREET	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE	VD	
NAME	CHERILUS, MENACE	
STREET ADDRESS	1014 GREEN ST.	
CITY-ST-ZIP	W. PALM BCH, FL 33405	
TITLE	DS	DO NOT WRITE IN THIS SPACE
NAME	CHERISMAT, HOMERE	
STREET ADDRESS	1110 15TH AVE. SOUTH	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE	D/PR	
NAME	THUM, MARTHA H	
STREET ADDRESS	6621 HILLSIDE LANE	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP	LANTANA, FL 33462	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Martha Thum</i> <i>Martha Thum</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: Jan. 20, 2006 Daytime Phone #: 561-582-16812



01172006 No Chg-NP CR2E037 (11/05)

4. FEI Number 26-0060681	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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02/06/06-80032-027 61.25

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02/06/06-80032-028 8.75