


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N03000000104</b> 1. Entity Name <b>GOOD SAMARITAN FOUNDATION, INC.</b>	
--	---

Principal Place of Business <b>P. O. BOX 5778 LAKE WORTH, FL 33466-5778</b>	Mailing Address <b>P. O. BOX 5778 LAKE WORTH, FL 33466-5778</b>
--	--



02222008 No Chg-NP CR2E037 (4/06)

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

<b>6. Name and Address of Current Registered Agent</b>  <b>CHERILUS, FANISE 925 SOUTH C ST LAKE WORTH, FL 33460</b>
---

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIERRE-GILLES, MICKEL 905 S. RIDGE ST LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHERILUS, FANISE 925 SOUTH C STREET LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HORACE, JOSEPH S 1113 SOUTH D ST LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CHERISMAT, HOMERE 1110 15TH AVE. SOUTH LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/PR THUM, MARTHA H 6621 HILLSIDE LANE 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:** Martha H. Thum Feb. 22, 2008 561-543-8698  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #