

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000104

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: GOOD SAMARITAN FOUNDATION, INC.

## Current Principal Place of Business:

P. O. BOX 5778  
LAKE WORTH, FL 334665778

## New Principal Place of Business:

925 S. C STREET  
LAKE WORTH, FL 33460

## Current Mailing Address:

P. O. BOX 5778  
LAKE WORTH, FL 334665778

## New Mailing Address:

FEI Number: 26-0060681      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHERILUS, FANISE  
925 SOUTH C ST  
LAKE WORTH, FL 33460      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: PD      ( ) Delete  
Name: PIERRE-GILLES, MICKEL  
Address: 905 S. RIDGE ST  
City-St-Zip: LAKE WORTH, FL 33460

Title: TD      ( ) Delete  
Name: CHERILUS, FANISE  
Address: 925 SOUTH C STREET  
City-St-Zip: LAKE WORTH, FL 33460

Title: VD      ( ) Delete  
Name: HORACE, JOSEPH S  
Address: 1113 SOUTH D ST  
City-St-Zip: LAKE WORTH, FL 33460

Title: DS      ( ) Delete  
Name: CHERISMAT, HOMERE  
Address: 1110 15TH AVE. SOUTH  
City-St-Zip: LAKE WORTH, FL 33460

Title: D/PR      ( ) Delete  
Name: THUM, MARTHA H  
Address: 6621 HILLSIDE LANE  
City-St-Zip: LANTANA, FL 33462

## 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:

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: MARTHA THUM

D/PR

03/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date