2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N03000000471

Entity Name: GOOD SAMARITAN ALLIANCE CHURCH OF BOYNTON BEACH, INC.

Current Principal Place of Business:

3201 E. PALM DRIVE
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

3201 E. PALM DRIVE
BOYNTON BEACH, FL 33435

New Mailing Address:

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

Name and Address of Current Registered Agent:

BUSBY, ALBERTO F REV.
706 SW 23 AVENUE
BOYNTON BEACH, FL 33435 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: D ( ) Delete
Name: TOUSSAINT, ZACHARIE REV.
Address: 3201 E. PALM DRIVE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: SD ( ) Delete
Name: MIKED, ARISTIL MR.
Address: 3201 E. PALM DRIVE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: TD ( ) Delete
Name: RAYMOND, MARIE L MRS.
Address: 440 SW 6TH AVENUE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: PD ( ) Delete
Name: DORLEANT, SAGET MR.
Address: 3201 E. PALM DRIVE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: PM ( ) Delete
Name: TOUSSAINT, FRANKLIN REV
Address: 815 NW 49TH AVE.
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition
Name: SERVIL, SHUMAN MR.
Address: 3201 E. PALM DRIVE
City-St-Zip: BOYNTON BEACH, FL 33435

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

Title: PD (X) Change ( ) Addition
Name: ORANGE, ROSE MRS.
Address: 3201 E. PALM DRIVE
City-St-Zip: BOYNTON BEACH, FL 33435

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: MARIE RAYMOND TD 04/13/2009

Electronic Signature of Signing Officer or Director — Date