

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2008
Secretary of State**

DOCUMENT# N03000002616

Entity Name: GOOD SAMARITAN FOR A BETTER LIFE, INC.

Current Principal Place of Business:

114 THOMAS RD.
HOLLYWOOD, FL 33023

New Principal Place of Business:

Current Mailing Address:

114 THOMAS RD.
HOLLYWOOD, FL 33023

New Mailing Address:

FEI Number: 54-2112306 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EUGENE, GINA MARY
114 THOMAS RD.
HOLLYWOOD, FL 33023 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: EUGENE, GINA MARY
Address: 114 THOMAS RD.
City-St-Zip: HOLLYWOOD, FL 33023

Title: VD () Delete
Name: STONE, GENEVIEVE
Address: 633 SW 100TH LANE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VD () Delete
Name: JUSTICE, PEGUY J
Address: 219 SW 22ND TERR.
City-St-Zip: MIAMI, FL 33160

Title: TD () Delete
Name: ACHILLE, FRANTZ JERRY
Address: 3250 SW 52ND AVE.
City-St-Zip: PEMBROKE PINES, FL 33023

Title: ATD () Delete
Name: DELVA, JACQUELINE
Address: 7606 KISMET ST.
City-St-Zip: MIRAMAR, FL 33023

Title: SD () Delete
Name: ELGE, THAMARRE
Address: 745 NE 163RD ST
City-St-Zip: N. MIAMI BEACH, FL 33161

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
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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: GINA MARY EUGENE

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date