

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002616

FILED  
May 05, 2009  
Secretary of State

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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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  
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: GINA MARY EUGENE

PD

05/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date