

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 07, 2006
Secretary of State

DOCUMENT# N03000005401

Entity Name: SAMARITANS IN ACTION, INC.**Current Principal Place of Business:**1410 W. MICHIGAN STREET
ORLANDO, FL 32805**New Principal Place of Business:****Current Mailing Address:**1410 W. MICHIGAN STREET
ORLANDO, FL 32805**New Mailing Address:****FEI Number:** 45-0523005**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FREDERICK, LIONEL P
3202 MCEWAN LANE
ORLANDO, FL 32812 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:** P/D () Delete
Name: FREDERICK, LIONEL P
Address: 3202 MCEWAN LANE
City-St-Zip: ORLANDO, FL 32812**Title:** T () Delete
Name: JEAN-PIERRE, JACQUELINE
Address: 2805 GRASSMERE LANE
City-St-Zip: ORLANDO, FL 32818**Title:** D () Delete
Name: GRIFFIN, SHARON
Address: 1837 FRUITWOOD COURT
City-St-Zip: ORLANDO, FL 32818**Title:** D () Delete
Name: CHARLES, CLERMETIDE
Address: 2622 CHAR ST.
City-St-Zip: ORLANDO, FL 32839**Title:** D () Delete
Name: COLIN, SERGE
Address: 5 YOUMANS DR. APT #1
City-St-Zip: SPRING VALLEY, NY 10977**Title:** T (X) Delete
Name: COLIN, FERNANDE
Address: 313 DRAKE ELM DR.
City-St-Zip: KISSIMMEE, FL 34743**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** T (X) Change () Addition
Name: ATELINA, LOPIDAS
Address: 6153 MISSION DRIVE
City-St-Zip: ORLANDO, FL 32810**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: FRANCETTE, FREDERICK
Address: 3202 MCEWAN LANE
City-St-Zip: ORLANDO, FL 32812**Title:** D (X) Change () Addition
Name: GILBERTE, PAUYO
Address: 1702 MONTVIEW ST
City-St-Zip: ORLANDO, FL 32805**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LIONEL P FREDERICK

D

12/07/2006

Electronic Signature of Signing Officer or Director

Date