

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007026

FILED
May 01, 2005
Secretary of State

Entity Name: INTERNATIONAL GOOD SAMARITAN, INC.

Current Principal Place of Business:

4143 NW 90TH AVE
SUITE 101
CORAL SPRINGS, FL 330651788

New Principal Place of Business:

Current Mailing Address:

4143 NW 90TH AVE
STE 101
CORAL SPRINGS, FL 330651788

New Mailing Address:

FEI Number: 20-0168536 **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:

Name and Address of New Registered Agent:

MAURANCY, MEDITA I
4143 NW 90TH AVE
STE 101
CORAL SPRINGS, FL 330651788 US

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: ROMELUS, BETHSAIDA D
Address: 6361 NO FALLS CIRCLE DR.
City-St-Zip: LAUDERHILL, FL 33319

Title: D () Delete
Name: MAURANCY, MEDITA I
Address: 4143 NW 90TH AVE STE 101
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: THABUTEAU, REGINAL
Address: 1800 NW 19TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D () Delete
Name: MOLME, KENSON
Address: 834 E CONCODIA AVE #12
City-St-Zip: CLEWISTON, FL 33440

Title: D () Delete
Name: OBAS, MARK A
Address: 1800 NW 19TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

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 for the exemption stated in Section 119.07(3)(i), 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: MEDITA MAURANCY

PRES

05/01/2005

Electronic Signature of Signing Officer or Director

Date