

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007693

FILED  
Apr 19, 2009  
Secretary of State

Entity Name: GOOD SAMARITANS'S ACTION, INC.

## Current Principal Place of Business:

135 LAINHART  
SUITE 135  
WEST PALM BEACH, FL 33409 US

## New Principal Place of Business:

## Current Mailing Address:

135 LAINHART CT  
SUITE 135  
WEST PALM BEACH, FL 33409 US

## New Mailing Address:

FEI Number: 20-0215139      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

NERETTE, HELENE V  
135 LAINHART CT  
SUITE 135  
WEST PALM BEACH, FL 33409 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 ( ) Delete  
Name: NERETTE, FRANTZ  
Address: 135 LAINHART CT  
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: S ( ) Delete  
Name: LAMY, JASLYNE  
Address: 2150 NW 56TH AVE.  
City-St-Zip: LAUDERHILL, FL 33313 US

Title: ADV ( ) Delete  
Name: KESNEL, EXANTUS  
Address: 314 N.E 4TH STREET  
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: M ( ) Delete  
Name: VANIE, VICTOR  
Address: 89 N.W 109 STREET  
City-St-Zip: MIAMI, FL 33161 US

Title: ADV ( ) Delete  
Name: ROUSSEAU, MONICA  
Address: 1525 NW 167TH STE 300  
City-St-Zip: MIAMI, FL 33169 US

Title: ADV ( ) Delete  
Name: CANTAVE, WINNIE  
Address: 1525 NW 167TH STREET SUITE 300  
City-St-Zip: MIAMI, FL 33169

## 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: FRANTZ NERETTE

P

04/19/2009

Electronic Signature of Signing Officer or Director

Date