2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03215

FILED Jan 15, 2008 Secretary of State

Entity Name: GOOD SAMARITAN MISSION, INC.

Current Principal Place of Business: New Principal Place of Business: 14920 BALM WIMAUMA RD WIMAUMA, FL 33598 US **Current Mailing Address: New Mailing Address:** P.O. BOX 213 BALM, FL 33503 US FEI Number: 59-1564629 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CRUZ, WILLIAM R 13616 SIGLER ST. RIVERVIEW, FL 33569 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CRUZ, WILLIAM R PRES. Name: Name: 13616 SIGLER ST. Address: Address: City-St-Zip: RIVERVIEW, FL 33569 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: LOVE, EVAN TREAS Name: Address: 8401 MAGNOLIA ST. Address: City-St-Zip: GIBSONTON, FL 33534 US City-St-Zip: Title: () Delete Title: () Change () Addition DOMINGUEZ, ZONIA Name: Name: 614 ROSEMARIE BLVD Address: Address: City-St-Zip: BRANDON, FL 33511 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: ALANIS, LESLIE Name: ALANIS, LESLIE 4901 JONES DR 4901 JANES DR Address: Address: City-St-Zip: WIMAUMA, FL 33598 US City-St-Zip: WIMAUMA, FL 33598 US Title: () Delete Title: (X) Change () Addition SMALL, KAREN KINDT, WAYNE A Name: Name: 1349 BIG BEND RD P.O. BOX 50756 Address: Address: RIVERVIEW, FL 33569 US SARASOTA, FL 34232 US City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition LOKEN, GARY CROSSLEY, JAMES Name: Name: Address: 1973 BONNIE CT Address: 2015 HARTLEBURY WAY SUN CITY CENTER, FL 33572 US DUNEDIN, FL 33594 US City-St-Zip: 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: WILLIAM R. CRUZ P/D 01/15/2008