2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# N04000000153

Entity Name: GOOD SAMARITAN HUMANITARIAN OUTREACH, INC.

Current Principal Place of Business:

1490 BANKS RD.
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

1490 BANKS RD.
MARGATE, FL 33063

New Mailing Address:

FEI Number: 20-0538834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, HEATHER
1855 NW 124TH AVE
CORAL SPRING, FL 33071 US

Name and Address of New Registered Agent:

SCAVONE, AL REV.
1490 BANKS RD
MARGATE, FL 33063 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: REV. AL SCAVONE 04/09/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: THOMAS, HEATHER
Address: 1855 NW 124TH AVE
City-St-Zip: CORAL SPRING, FL 33071

Title: D ( ) Delete
Name: HALL, WILLARD
Address: 5812 N.W. 19TH CT.
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Delete
Name: DEAL, ANGELA
Address: 3775 N.W. 106TH DR.
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SCAVONE, AL
Address: 4632 ROTHSCHILD DR
City-St-Zip: CORAL SPRING, FL 33067

Title: D (X) Change ( ) Addition
Name: THOMAS, R. SEAN
Address: 1855 N.W. 124 AVENUE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D (X) Change ( ) Addition
Name: IZZO, ETHEL
Address: 4999 S.W. 9TH STREET
City-St-Zip: MARGATE, FL 33068

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: AL SCAVONE D 04/09/2008
Electronic Signature of Signing Officer or Director Date