2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003672

FILED Feb 09, 2008 Secretary of State

Entity Name: WORKS OF GOOD SAMARITAN MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business: 3588 SW 13TH CT FORT LAUDERDALE, FL 33312 **Current Mailing Address: New Mailing Address:** 3588 SW 13TH CT FORT LAUDERDALE, FL 33312 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HYACINTHE, PAUL J PASTOR 4440 NW 19TH STREET APT. #L311 LAUDERHILL, FL 33313 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: (X) Change () Addition () Delete DACEUS, MICHEL B DACEUS, MICHEL B Name: Name: 1188 N STATE ROAD 7 APT # 411 Address: 4790 PLAYPEN DRIVE Address: City-St-Zip: LAUDERHILL, FL 33313 City-St-Zip: JACKSONVILLE, FL 32210 (X) Change () Addition Title: SECR () Delete Title: TOUSSAINT, CHARLINE Name: TOUSSAINT, CHARLINE Name: Address: 4440 NW 19TH STREET # L311 Address: 4440 NW 19TH STREET # L311 City-St-Zip: LAUDERHILL, FL 33313 City-St-Zip: LAUDERHILL, FL 33313 Title: () Delete Title: OFF () Change (X) Addition DORILAS, GENET Name: Name: 4537 OAKHAVEN DRIVE # 218 Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32839 Title: () Delete Title: **PRES** () Change (X) Addition Name: Name: DACEUS, MATHIEU Address: Address: **DELMAS 31 # 11** City-St-Zip: City-St-Zip: PORT AU PRINCE, HA 011509 W Title: () Delete Title: SECR () Change (X) Addition JOSIANE, DACEUS M Name: Name: DELMAS 33 STREET KERNISAN # 19BIS Address: Address: City-St-Zip: City-St-Zip: PORT AU PRINCE, HA 011509 W Title: () Delete Title: () Change (X) Addition DACEUS, RAPHAEL Name: Name: Address: Address: DEMAS 33 STREET KERNISAN # 19BIS PORT AU PRINCE, HA 011509 W 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: DACEUS MICHEL SECR 02/09/2008