

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003672

FILED
Apr 14, 2009
Secretary of State

Entity Name: WORKS OF GOOD SAMARITAN MINISTRIES, INC.

Current Principal Place of Business:

3588 SW 13TH CT
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

3588 SW 13TH CT
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 26-1843385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HYACINTHE, PAUL J PASTOR
4440 NW 19TH STREET
APT. # L311
LAUDERHILL, FL 33313 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: SECR () Delete
Name: DACEUS, MICHEL B
Address: 4790 PLAYPEN DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: TREA () Delete
Name: TOUSSAINT, CHARLINE
Address: 4440 NW 19TH STREET # L311
City-St-Zip: LAUDERHILL, FL 33313

Title: OFF () Delete
Name: DORILAS, GENET
Address: 4537 OAKHAVEN DRIVE # 218
City-St-Zip: ORLANDO, FL 32839

Title: PRES (X) Delete
Name: DACEUS, MATHIEU
Address: DELMAS 31 # 11
City-St-Zip: PORT AU PRINCE, HA 011509 W

Title: SECR (X) Delete
Name: JOSIANE, DACEUS M
Address: DELMAS 33 STREET KERNISAN # 19BIS
City-St-Zip: PORT AU PRINCE, HA 011509 W

Title: ADV (X) Delete
Name: DACEUS, RAPHAEL
Address: DEMAS 33 STREET KERNISAN # 19BIS
City-St-Zip: PORT AU PRINCE, HA 011509 W

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: MICHEL DACEUS

SECR

04/14/2009

Electronic Signature of Signing Officer or Director

Date