2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 08, 2005 8:00 am Secretary of State

1. Entity Name SCHOOL OF THE GOOD SAMARITAN/GSS MINISTRIES, INC.							. 04	1-08-2005 9	90045 035	5 ****61	.25	
Principal Place of Business PO BOX 621966 OVIEDO, FL 32762-1966			Mailing Address PO BOX 621966 OVIEDO, FL 32762-1966									
2. Principal Place of Business			3. Mailing Address	•								
Suite, Apt. #, etc.			Suite, Apt. #, etc.	_	•	0000000	ng-NP	CR2E037				
City & State			City & State			4. FEI Number 02-07/	101092			plied For t Applicable		
Zip Country		Zip Cou		untry,	5. Certificate of Status Desired \$8.75 A			8.75 Add	itional			
6. Name and Address of Current Registered Agent							7. Name and Add	ress of New R	egistered Ag	gent		
COX, RICK					Name .	·	 			*****		
665 PINE I OVIEDO, I		Street Address			O. Box Number is t	Not Acceptable	e)	,				
				City	City FL Zip Code							
8. The above	named entit	ty submits this statement fo	or the purpose of changing it	s register	ed office o	r register	ed agent, or both, in	the State of Flo	orida. I am fai	miliar with,	and accept	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE 3/27/05												
	Signature, typed or printed name of redistored agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
Filing Fee is \$61.25 Due by May 1, 2005 9. Election Campaign Trust Fund Contrib												
	_		Trust Fund				\$5.00 May Be Added to Fees		ake check i ida Departn			
10.	Due by N	May 1, 2005 OFFICERS AND DI	Trust Fund	Contribut	ion.	A		Flor	ida Departn RS AND DIRE	CTORS IN	ate 10	
10. THILE NAME STREET ADDRESS CITY-ST-ZIP	Due by M D MUTH, D 1937 KIM	OFFICERS AND DI AVE BRACE PLACE	Trust Fund	11. TITLE NAM STREE	ion.	D Peter 242	Added to Fées DDITIONS/CHANGE Brazle Bellevue	ES TO OFFICE	ida Departn RS AND DIRE	nent of St	ate	
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indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dave

3/27/05

407-628-1582