2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N04000003854

RT FILED Sep 07, 2007 Secretary of State

Entity Name: SCHOOL OF THE GOOD SAMARITAN/GSS MINISTRIES, INC.

Current Principal Place of Business:				New Principal Place of Business:			
	ATE RD, # 43	34					
# 101 WINTER SI	PRINGS, FL	32708					
Current Mailing Address:				New Mailing Address:			
1491 E STA	ATE RD, # 43	34					
# 101 WINTER SI	PRINGS, FL	32708					
FEI Number:		FEI Number Applied For ()	FEI Number N	lot Applic	able ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
COX, RICK 117 JANE CREEK RD. GENEVA, FL 32732 US				LEE, RICARDO G 1490 AVALON BLVD CASSELBERRY, FL 32707 US			
The above in the State	named entity of Florida.	submits this statement for th	e purpose of cha	nging its	registered	d office or registered agent, or both,	
SIGNATURE: RICARDO G. LEE						09/07/2007	
	Electro	onic Signature of Registered /	Agent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D (MUTH, DAVE 1937 KIMBRA WINTER PAR		Title: Nam Addr City-	e:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (BRAZLE, PET 242 BELLEVU CLAWSON, M	JE	Title: Nam Addr City-	∋:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (TARRANT, SA 3437 DEER C OVIEDO, FL	AK CIRCLE	Title: Nam Addr City-	e:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (TARRANT, JE 14725 NICHO BATH, MI 488	LS RD	Title: Nam Addr City-	∋:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (SPRAGUE, KI 4536 WHISPE TROY, MI 48	ER WAY	Title: Name Addre City-	e:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (LEE, RICK 1490 AVALON CASSELBERI		Title: Name Addre City-	e: ess:	D LEE, RICAR 1490 AVALC CASSELBEF		

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: RICARDO G. LEE D 09/07/2007