

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90330 017 \*\*\*\*61.25

<b>DOCUMENT # N04000003854</b>					
<b>1. Entry Name</b> SCHOOL OF THE GOOD SAMARITAN/GSS MINISTRIES, INC.					
<b>Principal Place of Business</b> 1491 E STATE RD, # 434 # 101 WINTER SPRINGS, FL 32708			<b>Mailing Address</b> 1491 E STATE RD, # 434 # 101 WINTER SPRINGS, FL 32708		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 02-0716692	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
LEE, RICARDO G 1490 AVALON BLVD CASSELBERRY, FL 32707			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D MUTH, DAVE 1937 KIMBRIDGE PLACE WINTER PARK, FL 32782	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D Joan Hagerman 2826 Chateau Holt, MI 48842
D BRAZLE, PETER 242 BELLEVUE CLAWSON, MI 48017	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
D TARRANT, SANDRA 2437 DEER OAK CIRCLE OVIEDO, FL 32705	<input type="checkbox"/> Delete	D Howard Hagerman 2826 Chateau Holt, MI 48842	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
D TARRANT, JERRY 14725 NICHOLS RD BATH, MI 48808	<input checked="" type="checkbox"/> Delete	D Gloria Walker 1140 Shady Palm Cove Oviedo, FL 32765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
D SPRAGUE, KELLY 4536 WHISPER WAY TROY, MI 48098	<input type="checkbox"/> Delete	D Ken Slater 3945 Bay Berry Ln. Lansing, MI 48911	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
D LEE, RICARDO G 1490 AVALON BLVD CASSELBERRY, FL 32707	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> _____		4/23/08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			