

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003854

FILED
Mar 17, 2009
Secretary of State

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

Current Principal Place of Business:

1491 E STATE RD, # 434
101
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

1491 E STATE RD, # 434
101
WINTER SPRINGS, FL 32708

New Mailing Address:

FEI Number: 02-0716692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, RICARDO G
1490 AVALON BLVD
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

MUTH, DAVID
253 HEATHER BROOKE
OVIEDO, FL 32765 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: DAVID C. MUTH

03/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MUTH, DAVE
Address: 253 HEATHER BROOKE
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: BRAZLE, PETER
Address: 242 BELLEVUE
City-St-Zip: CLAWSON, MI 48017

Title: D () Delete
Name: TARRANT, SANDRA
Address: 14434 PINE VALLEY RD.
City-St-Zip: ORLANDO, FL 32826

Title: D () Delete
Name: SLAUTER, KEN
Address: 3945 BAY BERRY LN.
City-St-Zip: LANSING, MI 48911

Title: D (X) Delete
Name: SPRAGUE, KELLY
Address: 4536 WHISPER WAY
City-St-Zip: TROY, MI 48098

Title: D (X) Delete
Name: LEE, RICARDO G
Address: 1490 AVALON BLVD
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: MUTH, DAVE
Address: 253 HEATHER BROOKE
City-St-Zip: OVIEDO, FL 32765

Title: VC (X) Change () Addition
Name: SLATER, KEN
Address: 3945 BAY BERRY LN.
City-St-Zip: LANSING, MI 48911

Title: S (X) Change () Addition
Name: TOWE, TOM
Address: 769 BEAR CREEK CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32707

Title: T (X) Change () Addition
Name: JASCOTT, JERRY
Address: PO BOX 327
City-St-Zip: KILLERNEY, FL 34740

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: DAVID C. MUTH

C

03/17/2009

Electronic Signature of Signing Officer or Director

Date