

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000011490

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** GOOD SAMARITANS OF NORTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

13050 HIGHWAY 89  
JAY, FL 32565

**New Principal Place of Business:**

115 PADDLE WHEEL COVE  
CRESTVIEW, FL 32536

**Current Mailing Address:**

13050 HIGHWAY 89  
JAY, FL 32565

**New Mailing Address:**

115 PADDLE WHEEL COVE  
CRESTVIEW, FL 32536

**FEI Number:** 20-1986258

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHIBBS, VINCENT J JR.  
105 E. GREGORY SQUARE  
PENSACOLA, FL 32502 US

**Name and Address of New Registered Agent:**

NICOLE, PALMER A  
115 PADDLE WHEEL COVE  
CRESTVIEW, FL 32536 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: NICOLE A PALMER

02/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ADV  
Name: PALMER, MICHAEL J  
Address: 1604 ELMHURST AVE  
City-St-Zip: FORT DODGE, IA 50501

Title: ADV  
Name: PALMER, PATTY L  
Address: 1604 ELMHURST AVE  
City-St-Zip: FORT DODGE, IA 50501

I hereby 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 all other like empowered.

SIGNATURE: DR. MICHAEL PALMER

ADV.

02/09/2012

Electronic Signature of Signing Officer or Director

Date