

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006438

FILED
Aug 19, 2008
Secretary of State

Entity Name: GOOD SAMARITAN LIFE CHANGING MINISTRIES, INC.

Current Principal Place of Business:

119 6TH STREET SOUTH
JACKSONVILLE, FL 32250

New Principal Place of Business:

Current Mailing Address:

119 6TH STREET SOUTH
JACKSONVILLE, FL 32250

New Mailing Address:

FEI Number: 20-2819021 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

AUSTIN, GREGORY
12407 FOREST LAKE CIR N
#2
JACKSONVILLE, FL 32225 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AUSTIN, GREGORY
Address: 12407 FOREST LAKE CIR N #2
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP () Delete
Name: AUSTIN, DOROTHY
Address: 12407 FOREST LAKE CIR N #2
City-St-Zip: JACKSONVILLE, FL 32225

Title: O () Delete
Name: WILLIAMS, AMY L OFFICER
Address: 13810 SUTTON PARK DRIVE N #1333
City-St-Zip: JACKSONVILLE, FL 32224 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O (X) Change () Addition
Name: WILLIAMS, AMY L OFFICER
Address: 421 W CHURCH STREET #208
City-St-Zip: JACKSONVILLE, FL 32202 US

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: AMY L WILLIAMS

O

08/19/2008

Electronic Signature of Signing Officer or Director

Date