

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007125

FILED
May 14, 2009
Secretary of State

Entity Name: GOOD SAMARITAN INTERNATIONAL MINISTRIES INC.

Current Principal Place of Business:

325-CRICHTON ST.
RUSKIN, FL 33570

New Principal Place of Business:

Current Mailing Address:

P.O. BOX-62
BRADENTON, FL 34206

New Mailing Address:

P.O. BOX 755
RUSKIN, FL 33575

FEI Number: 42-1710252 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

DAVIS, ALPHONSO
1844-17TH STREET
SARASOTA, FL 34234 US

Name and Address of New Registered Agent:

LASNET, ANTOINE
325 CRICHTON ST
RUSKIN, FL 33570 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: LASNET ANTOINE

05/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: ANTOINE, LASNET
Address: 325-CRICHTON STREET
City-St-Zip: RUSKIN, FL 33570

Title: D () Delete
Name: ANTOINE, MERILAI
Address: 2515 7TH AVE EAST
City-St-Zip: BRADENTON, FL 34208

Title: D () Delete
Name: ANTOINE, RENESE
Address: 325-CRICHTON STREET
City-St-Zip: RUSKIN, FL 33570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LASNET ANTOINE

MGR

05/14/2009

Electronic Signature of Signing Officer or Director

Date