

**2008 NOT-FOR-PROFIT CORPORATION  
REINSTATEMENT**

DOCUMENT # N06000009588

1. Entity Name  
EVANGELICAL MISSION OF THE GOOD SAMARITAIN.  
INC

Principal Place of Business  
3709 15TH ST W  
LEHIGH ACRES, FL 33971

2. Principal Place of Business No P.O. Box #  
**3709 15th St W.**

Suite, Apt. #, etc.

Mailing Address  
3709 15TH ST W  
LEHIGH ACRES, FL 33971

3. Mailing Address

*pastorcirail@yahoo.com*

Suite, Apt. #, etc.

*Cloudy presmy@comcast.net*

City & State  
**Lehigh Acres FL**

City & State

Zip  
**33971**

Country  
**U.S**

Zip

Country

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION AGENTS, INC.  
1111 LINCOLN RD STE 400  
MIAMI BCH, FL 33139

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.

SIGNATURE

*DAVID CIRAIL*

*David CIRAIL*

*3/05/08*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME PRESMY, CLOUDY  
STREET ADDRESS 3709 15TH ST W  
CITY-ST-ZIP LEHIGH ACRES, FL 33971

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*(ASS.T)*  
*Jean-Baptiste Wenslot*

Change  Addition

TITLE D  
NAME CIRAIL, DAVID  
STREET ADDRESS 3709 15TH ST W  
CITY-ST-ZIP LEHIGH ACRES, FL 33971

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*(T) Jean. THony FAROU*

Change  Addition

TITLE *X ASS.T*  
NAME JEAN-BAPTISTE, WENSLOT  
STREET ADDRESS 3709 15TH ST W  
CITY-ST-ZIP LEHIGH ACRES, FL 33971

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*(S)*  
*Marie-carmelle Boisbel*

Change  Addition

TITLE *(T) JEAN THONY FAROU*  
NAME  
STREET ADDRESS 602 Palmetto Ave  
CITY-ST-ZIP Lehigh Acres, FL 33972

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*3/7/10*

Change  Addition

TITLE *(S) Marie . Carmelle Boisbel*  
NAME  
STREET ADDRESS 3106 Broadway Ave APT 29  
CITY-ST-ZIP Ft. Myers, FL 33901

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*500119592075*  
03/06/08--01046--001 \*131.25

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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.

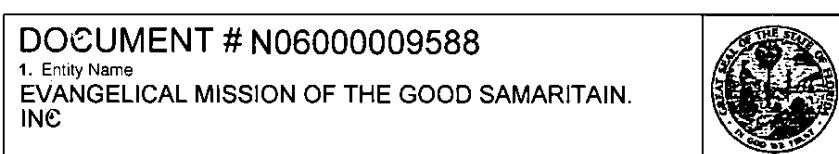
SIGNATURE: *David CIRAIL*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/05/08 (239)895.5069*

Date

Daytime Phone #



FILED

08 MAR -6 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03042008 03042008 02-08  
REINSTATEMENT

03042008 03042008 02-08

06.1837692

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name *UNITED STATES Corporation Agents, INC.*

Street Address (P.O. Box Number is Not Acceptable)

*1111 Lincoln Rd 400*

City *Miami Bch* Zip Code *33139*