2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 11, 2008
Secretary of State

DOCUMENT# N06000009588

Entity Name: EVANGELICAL MISSION OF THE GOOD SAMARITAIN. INC

Current Principal Place of Business:

3709 15TH ST W
LEHIGH ACRES, FL 33971

New Principal Place of Business:

Current Mailing Address:

3709 15TH ST W
LEHIGH ACRES, FL 33971

New Mailing Address:

FEI Number: 06-1837692 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: PD ( ) Delete
Name: PRESMY, CLODY
Address: 3709 15TH ST W
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D ( ) Delete
Name: CIRAIL, DAVID
Address: 3709 15TH ST W
City-St-Zip: LEHIGH ACRES, FL 33971

Title: AT ( ) Delete
Name: JEAN-BAPTISTE, WENSLOT
Address: 3709 15TH ST W
City-St-Zip: LEHIGH ACRES, FL 33971

Title: T ( ) Delete
Name: FAROUL, JEAN T
Address: 602 PALMETTO AVE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: S ( ) Delete
Name: BOISBEL, MARIE C
Address: 3706 BROADWAY AVE APT 29
City-St-Zip: FT MYERS, FL 33901

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: CIRAIL, DAVID
Address: 3709 15TH ST W
City-St-Zip: LEHIGH ACRES, FL 33971

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

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

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

Title: COUN ( ) Change (X) Addition
Name: DESPEIGNES, ATIS
Address: 11200 LOCK WOOD DR.
City-St-Zip: 1510 SILVER SPRING, MD 20901

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: REV. DAVID CIRAIL, PASTOR VP 07/11/2008
Electronic Signature of Signing Officer or Director — Date