

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000012566

FILED
Oct 16, 2009
Secretary of State

Entity Name: GOOD SAMARITAN MINISTRY FOR HAITI, INC.

Current Principal Place of Business:

5266 NW N LOVETT CIRCLE
PORT ST LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

5266 NW N LOVETT CIRCLE
PORT ST LUCIE, FL 34986

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BLANCHARD, LIDIA
5266 NW N LOVETT CIRCLE
PORT ST LUCIE, FL 34986 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: BLANCHARD LIDIA

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DESIR, CLERCIVIL L
Address: 142 NE 78TH STE #8
City-St-Zip: MIAMI, FL 33138

Title: DT () Delete
Name: FONROSE, JOSEPH
Address: 5266 NW N LOVETT CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34986

Title: DS () Delete
Name: FALCIANO, MARIA
Address: 6042 HOLLYWOOD ST
City-St-Zip: JUPITER, FL 33458

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

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:

Title: D () Change (X) Addition
Name: MERCIUS, JEAN L
Address: 1870 SW SPPTED OWL DR
City-St-Zip: VERO BEACH, FL 32962

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: LIDIA BLANCHARD

CEO

10/16/2009

Electronic Signature of Signing Officer or Director

Date