## 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N06000012566

FILED Dec 22, 2010 Secretary of State

Entity Name: GOOD SAMARITAN MINISTRY FOR HAITI, INC.

Current Principal Place of Business: New Principal Place of Business:

5266 NW N LOVETT CIRCLE 5266 NW W LOVETT CIRCLE PORT ST LUCIE, FL 34986 PORT ST LUCIE, FL 34986

Current Mailing Address: New Mailing Address:

5266 NW N LOVETT CIRCLE 5266 NW W LOVETT CIRCLE PORT ST LUCIE, FL 34986 PORT ST LUCIE, FL 34986

FEI Number: 33-1160290 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

BLANCHARD, LIDIA
5266 NW W LOVETT CIRCLE
PORT ST LUCIE, FL 34986 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: LIDIA BLANCHARD 12/22/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: [

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

Title: DT

 Name:
 FONROSE, JOSEPH

 Address:
 5266 NW W LOVETT CIRCLE

 City-St-Zip:
 PORT ST LUCIE, FL 34986

Title: DS

 Name:
 FALCIANO, MARIA

 Address:
 6042 HOLLYWOOD ST

 City-St-Zip:
 JUPITER, FL 33458

Title: [

Name: MERCIUS, JEAN L

Address: 1870 SW SPPTTED OWL DR City-St-Zip: VERO BEACH, FL 32962

I hereby 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 all other like empowered.

SIGNATURE: LIDIA BLANCHARD P 12/22/2010