

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000473

FILED
Apr 30, 2009
Secretary of State

Entity Name: GOOD SAMARITAN FOR HIS GLORY MINISTRIES, INC.

Current Principal Place of Business:

1710 W. 15TH ST.
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

1710 W. 15TH ST.
SANFORD, FL 32771

New Mailing Address:

FEI Number: 38-3776828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MIKE, THELMA W
1710 W. 15TH ST.
SANFORD, FL 32771 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: P () Delete
Name: MIKE, THELMA W
Address: 1710 W. 15TH ST.
City-St-Zip: SANFORD, FL 32771

Title: V () Delete
Name: MILLER, PATRICK A
Address: 1320 16TH ST.
City-St-Zip: SARASOTA, FL 34236

Title: ST () Delete
Name: MURPHY, VICTORIA N
Address: 5310 ARPANA DR.
City-St-Zip: ORLANDO, FL 328392588

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: PETERSON, CURTISTINE
Address: 323 SAN LANTA CIRCLE
City-St-Zip: SANFORD, FL 32771

Title: ST (X) Change () Addition
Name: MEDLOCK, LINDA
Address: 2107 HARTWELL AVE
City-St-Zip: SANFORD, FL 32771

Title: D () Change (X) Addition
Name: BAILEY, TAMARA
Address: P O BOX 683561
City-St-Zip: ORLANDO, FL 32822

Title: D () Change (X) Addition
Name: BLAKE, RUBY N
Address: P O BOX 589
City-St-Zip: SANFORD, FL 32772 05

Title: D () Change (X) Addition
Name: HUGGINS, LENDWARD
Address: 115 SCOTT DRIVE
City-St-Zip: SANFORD, FL 32771

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: THELMA W MIKE

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date