

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001888

FILED
Apr 30, 2011
Secretary of State

Entity Name: GOOD SAMARITAN MISSION OF SW FLORIDA, INC

Current Principal Place of Business:

3407 21ST ST SW
LEHIGH ACRES, FL 33976

New Principal Place of Business:

4005 26 ST SW
LEHIGH ACRES, FL 33976

Current Mailing Address:

P O BOX 1957
LEHIGH ACRES, FL 33970

New Mailing Address:

FEI Number: 27-1752975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REYES-TELASCO, NICOLE D
3407 21ST ST SW
LEHIGH ACRES, FL 33976 US

Name and Address of New Registered Agent:

REYES-TELASCO, NICOLE D
4005 26 ST SW
LEHIGH ACRES, FL 33976 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:

04/30/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: REYES-TELASCO, NICOLE D
Address: P O BOX 1957
City-St-Zip: LEHIGH ACRES, FL 33970

Title: VP
Name: SIME, JEAN-CLAUDE
Address: P O BOX 1957
City-St-Zip: LEHIGH ACRES, FL 33970

Title: D
Name: JOACHIN, ERNSO
Address: P O BOX 1957
City-St-Zip: LEHIGH ACRES, FL 33970

Title: D
Name: JOACHIN, ESAIE
Address: P O BOX 1957
City-St-Zip: LEHIGH ACRES, FL 33970

Title: D
Name: GOMEZ, JUAN EDWING A
Address: P O BOX 1957
City-St-Zip: LEHIGH ACRES, FL 33970

Title: D
Name: JOSEPH, JEAN ROCHENEL
Address: P O BOX 1957
City-St-Zip: LEHIGH ACRES, FL 33970

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: NICOLE D REYES-TELASCO

PRES

04/30/2011

Electronic Signature of Signing Officer or Director

Date