

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90048 013 ****61.25

DOCUMENT # N12644

1. Entity Name
**GOOD SAMARITAN FUND AND SERVICES OF GREATER
SUN CITY CENTER, INC.**



Principal Place of Business
**916 PEBBLE BEACH BLVD.
SUN CITY CENTER, FL 33573**

Mailing Address
**916 PEBBLE BEACH BLVD.
SUN CITY CENTER, FL 33573**

90011009



01032008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2615679

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAGLAND, DORIS H
1107 BLUEWATER DR
SUN CITY CENTER, FL 33573**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
NAME **RAGLAND, DORIS H**
STREET ADDRESS **1107 BLUEWATER DR**
CITY-ST-ZIP **SUN CITY CENTER, FL**

TITLE ☐ Change ☒ Addition
NAME **CATHERINE Z McGRATH**
STREET ADDRESS **1010 AMERICAN EAGLE BLVD**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **D** ☐ Delete
NAME **WHEELER, WILLIAM**
STREET ADDRESS **1001 LA JOLLA AVE.**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE ☐ Change ☒ Addition
NAME **DONNA RODGERS**
STREET ADDRESS **1941 PEBBLE BEACH BLVD S**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **D** ☐ Delete
NAME **CURTIS, CHARLES**
STREET ADDRESS **249 COURT YARDS BLVD APT 201**
CITY-ST-ZIP **SUN CITY CENTER, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **JAMES, WILLIAM**
STREET ADDRESS **201 AUSTIN HILL CT**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **NYMARK, DENNIS**
STREET ADDRESS **110 S PEBBLE BEACH BLVD**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Doris Ragland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/08
Date

813-634-9283
Daytime Phone #