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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N18951

1. Corporation Name

SARASOTA'S GOOD SAMARITAN MINISTRIES, INC.

Principal Place of Business

3052 ALTA VISTA STREET
SARASOTA FL 34237

Mailing Address

3052 ALTA VISTA STREET
SARASOTA FL 34237



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/27/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2775522

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STOCKHAM-MOSCA, SUSAN L.
2520 TAMiami TRAIL, SOUTH
SARASOTA FL 34239

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME PSD
STREET ADDRESS COOLEY, CAROLYN JUNE
CITY-ST-ZIP 3052 ALTA VISA STREET
SARASOTA FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME VTD
STREET ADDRESS COOLEY, RAYMOND WARREN
CITY-ST-ZIP 3052 ALTA VISA STREET
SARASOTA FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS COOLEY, TRICIA LYNNE
CITY-ST-ZIP 3052 ALTA VISA ST
SARASOTA FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS COOLEY, CHERYL RAE
CITY-ST-ZIP 3052 ALTA VISA ST
SARASOTA FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carolyn J. Cooley (Carolyn J. Cooley)

1-22-99

(941) 365-2052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)