

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18951

FILED  
Feb 25, 2004  
Secretary of State

**Entity Name:** SARASOTA'S GOOD SAMARITAN MINISTRIES, INC.

**Current Principal Place of Business:**

3052 ALTA VISTA STREET  
SARASOTA, FL 34237

**New Principal Place of Business:**

**Current Mailing Address:**

3052 ALTA VISTA STREET  
SARASOTA, FL 34237

**New Mailing Address:**

**FEI Number:** 59-2775522

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

STOCKHAM-MOSCA, SUSAN L.  
2520 TAMiami TRAIL, SOUTH  
SARASOTA, FL 34239 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: PSD ( ) Delete  
Name: COOLEY, CAROLYN JUNE,  
Address: 3052 ALTA VISA STREET  
City-St-Zip: SARASOTA, FL

Title: VTD ( ) Delete  
Name: COOLEY, RAYMOND WARR, EN  
Address: 3052 ALTA VISA STREET  
City-St-Zip: SARASOTA, FL

Title: D ( ) Delete  
Name: ALLEN, TRICIA  
Address: 4011 78TH DR EAST  
City-St-Zip: SARASOTA, FL 34243

Title: D ( ) Delete  
Name: AL RABIEN, CHERYL C  
Address: 3052 ATTA VISTA ST  
City-St-Zip: SARASOTA, FL 34237

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: COOLEY, CAROLYN JUNE,  
Address: 3052 ALTA VISA STREET  
City-St-Zip: SARASOTA, FL 34237 US

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

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

Title: D (X) Change ( ) Addition  
Name: COOLEY, CHERYL C  
Address: 3052 ATTA VISTA ST  
City-St-Zip: SARASOTA, FL 34237

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CAROLYN J. COOLEY

PRDT

02/25/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date