

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18951

FILED
Mar 18, 2008
Secretary of State

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

Current Principal Place of Business:

559 N.E. BLUE SPRINGS CHURCH RD.
LEE, FL 32059

New Principal Place of Business:

Current Mailing Address:

559 N.E. BLUE SPRINGS CHURCH RD.
LEE, FL 32059

New Mailing Address:

FEI Number: 59-2775522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOCKHAM-MOSCA, SUSAN L
2520 TAMiami TRAIN, 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: 559 N.E. BLUE SPRINGS CHURCH RD.
City-St-Zip: LEE, FL 32059

Title: VTD () Delete
Name: COOLEY, RAYMOND WARREN
Address: 559 N.E. BLUE SPRINGS CHURCH RD.
City-St-Zip: LEE, FL 32059

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

Title: D () Delete
Name: COOLEY, CHERYL C
Address: 1816 SOUTH EAST STREET
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 ALTA VISTA ST.
City-St-Zip: SARASOTA, FL 34237

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: CAROLYN COOLEY

PRES

03/18/2008

Electronic Signature of Signing Officer or Director

Date