

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20163

FILED
Apr 21, 2009
Secretary of State

Entity Name: GOOD SAMARITAN TEMPLE, INC.

Current Principal Place of Business:

1425 WALNUT ST
JACKSONVILLE, FL 32208 US

New Principal Place of Business:

Current Mailing Address:

4517 CASTLEWOOD DR. WEST
JACKSONVILLE, FL 32206 US

New Mailing Address:

FEI Number: 59-3019088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, MARION E.
4517 CASTLEWOOD DR. WEST
JACKSONVILLE, FL 32206 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: PD () Delete
Name: WILLIAMS, MARION E.
Address: 4517 CASTLEWOOD DR. WEST
City-St-Zip: JACKSONVILLE, FL 32206

Title: VTD () Delete
Name: WILLIAMS, CHERYL
Address: 4517 CASTLEWOOD DR. WEST
City-St-Zip: JACKSONVILLE, FL 32206

Title: SD () Delete
Name: ROBINSON, SHIEAL R
Address: 6910 FUEGAS DR
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change () Addition
Name: WILLIAMS, CHERYL
Address: 4517 CASTLEWOOD DR. WEST
City-St-Zip: JACKSONVILLE, FL 32206

Title: VP (X) Change () Addition
Name: YOUNG, WILLIE
Address: 205 WEST 42 STREET
City-St-Zip: JACKSONVILLE, FL 32206

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: MARION E WILLIAMS

PD

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date