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Feb 03 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N21278 (9)

1. Corporation Name

GOOD SAMARITAN CHURCH OF THE BRETHREN, INC.

Principal Place of Business

Mailing Address

C/O FRED M. CLINE  
1317 PROVIDENCE ROAD  
BRANDON FL 33511

C/O FRED M. CLINE  
1317 PROVIDENCE ROAD  
BRANDON FL 33511-4885



3. Date Incorporated or Qualified  
06/16/1987

3a. Date of Last Report  
04/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-2845928

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLINE, FRED M.  
1535 KESTREL WAY  
BRANDON FL 33511

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 D HARRISON, JANET

NAME 1105 PARSONS AVE.  
STREET ADDRESS BRANDON FL

CITY-ST-ZIP

TITLE D KURTZ, LOUISE M.

NAME 402 TEVER STREET  
STREET ADDRESS PLANT CITY FL

CITY-ST-ZIP

TITLE D CLINE, GAYLE

NAME 1535 KESTREL WAY  
STREET ADDRESS BRANDON FL

CITY-ST-ZIP

TITLE D HARRISON, BYRON

NAME 1105 PARSONS AVE.  
STREET ADDRESS BRANDON FL

CITY-ST-ZIP

TITLE D ZINN, PHIL

NAME 1405 HENRY AVENUE E.  
STREET ADDRESS TAMPA FL

CITY-ST-ZIP

TITLE D CLINE, FRED M.

NAME 1535 KESTREL WAY  
STREET ADDRESS BRANDON FL

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Fred M. Cline* Fred M. Cline

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0045475

CR2E037 (9/96)