## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21278

(9)

## GOOD SAMARITAN CHURCH OF THE BRETHREN, INC.

Principal Place of Business	Mailing Address							
C/O FRED M. CLINE 1317 PROUIDENCE ROAD BRANDON FL 33511	C/O FRED M. CLINE 1317 PROUIDENCE ROAD BRANDON FL 33511	1317 PROUIDENCE ROAD		1	plied For			
2. Principal Place of Business 2a. Mailing Address				5. Certificate of Status Desired S8.75 Additional Fee Required				
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
City & State City & State				7. Is this nonprofit corporation a homeowners association?				
Zip Country 25	Zip <b>29</b>	Gount 30	ry	This corporation owes or has paid the current year Intangible     Personal Property Tax due June 30.    Yes    No				
9. Name and Address of Ci	irrent Registered Agent	[_		10. Name and Address of New Registered Agent				
		8	1 Name					
CLINE, FRED M. 1535 KESTREL WAY		8	2 Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
BRANDON FL 33511		83						
		8	4 City	FL 85 Zip C	ode			
<ol> <li>Pursuant to the provisions of Sections 617 office or registered agent, or both, in the</li> </ol>	.0502 and 617.1508, Florida Statut State of Florida, Such change was	tes, the abo authorized t	ve-named corpo	orporation submits this statement for the purpose of changing its ration's board of directors. I hereby accept the appointment as r	registered egistered			

				FL	1 '				
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. (N	OTE: Registered Agent signature n	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	DATE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: F		13.		GES TO OFFICERS AND DIR	FCTODS	IN 12			
TITLE	D DELETE	1.1 TRLE	ADDITIONOJONIAN		Change	Addition			
NAME	HARRISON, JANET	1.2 NAME		_	gu				
	1105 PARSONS AVE.	1.3 STREET ADDRESS							
STREET ADDRESS		1							
CITY-ST-ZIP	BRANDON FL.	1,4 CITY - ST - ZIP 2.1 TITLE			Change	Addition			
				<u> </u>	wange	Audition			
NAME	KURTZ, LOUISE M.	2.2 NAME							
STREET ADDRESS	402 TEVER STREET	2.3 STREET ADDRESS							
CITY-ST-ZIP	PLANT CITY FL	2. 4 City-ST-ZIP				1 4 1 200			
TITLE	D DELETE	3.1 TITLE		□ (	Change	☐ Addition			
NAME	CLINE, GAYLE	3.2 NAME							
STREET ADDRESS	1535 KESTREL WAY	3.3 STREET ADDRESS							
CITY-ST-ZIP	BRANDON FL	3.4. CITY-ST-ZIP							
TITLE	D DELETE	4.1 TITLE			Change	Addition			
NAME	HARRISON, BYRON	4. 2 NAME							
STREET ADDRESS	1105 PARSONS AVE.	4.3 STREET ADDRESS							
CITY-ST-ZIP	BRANDON FL	4.4 CITY-ST-ZIP				<u></u>			
TITLE	D DELETE	5.1 TITLE			Change	Addition			
NAME	Zinn, Phil	5.2 NAME							
STREET ADDRESS	1405 HENRY AVENUE E.	5.3 STREET ADDRESS							
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP							
TITLE	D DELETE	6.1 TITLE	· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition			
NAME	CLINE,FRED M.	6.2 NAME							
STREET ADDRESS	1535 KESTREL WAY	6.3 STREET ADDRESS							
CITY-ST-ZIP	BRANDON FL	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 copporation or the receiver or trusted 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:

Triel MI OMEIREL

Im. 14, 1998

**FILED** 

Jan 29 1998 8:00am

Secretary of State

CR2E037 (10/97)