2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21278

FILED Apr 07, 2005 Secretary of State

Entity Name: GOOD SAMARITAN CHURCH OF THE BRETHREN, INC.

Current Principal Place of Business: New Principal Place of Business:

1317 PROUIDENCE ROAD BRANDON, FL 33511 1317 PROVIDENCE ROAD BRANDON, FL 33511

Current Mailing Address: New Mailing Address:

1317 PROUIDENCE ROAD BRANDON, FL 33511 1317 PROVIDENCE ROAD BRANDON, FL 33511

FEI Number: 59-2845928 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HARRISON, JANET E MIKE, RICHARD L
1105 N PARSONS AVE 10422 NIGHTENGALE DRIVE
BRANDON, FL 33510 US RIVERVIEW, FL 33569 US

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: RICHARD L MIKE 04/07/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: D () Delete Title: D (X) Change () Addition

 Name:
 HARRISON, JÁNET,
 Name:
 MIKE, RICHARD L

 Address:
 1105 PARSONS AVE.
 Address:
 10422 NIGHTENGALE DRIVE

 City-St-Zip:
 BRANDON, FL 33510
 City-St-Zip:
 RIVERVIEW, FL 33569 US

Title: D () Delete Title: O (X) Change () Addition

 Name:
 MIKE, RICHARD L
 Name:
 CHURCH, CATHERINE C

 Address:
 10422 NIGHTENGALE DRIVE
 Address:
 1412 WICKFORD PLACE

 City-St-Zip:
 RIVERVIEW, FL 33569
 City-St-Zip:
 BRANDON, FL 33511

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf O} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

Name: MIKE, NANCY A Name: MIKE, NANCY A

Address: 10422 NIGHTENGALE DRIVE Address: 10422 NIGHTENGALE DRIVE City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: RIVERVIEW, FL 33569

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: RICHARD L MIKE D 04/07/2005