FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
1995 FEB -9 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N49646 (5)

1. Corporation Name
GOOD SAMARITAN FOOD PROGRAM, INC.

300001402343
-02/09/95--01120--008
*****70.00 *****70.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1018 36TH ST ORLANDO FL 32805	1018 36TH ST ORLANDO FL 32805

3. Date Incorporated or Qualified: 07/01/1992
3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-3135193 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 1030 W. Kaley Ave
22 Suite, Apt. #, etc.
23 City & State: Orlando, FL
24 Zip: 32805 25 Country: Orange

2a. Mailing Address
26 PO Box 3686060
27 Suite, Apt. #, etc.
28 City & State: Orlando, FL
29 Zip: 32856 30 Country: Orange

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
FARUCCI, FRANK JOSEPH
1612 BURRY PORT DR
ORLANDO FL 32837

10. Name and Address of New Registered Agent
81 Name: APPLEBY, JERRY L.
82 Street Address (P.O. Box Number is Not Acceptable): 5430 KENYON Rd.
83
84 City: ORLANDO FL 85 Zip Code: 32810

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Jerry L Appleby 2/4/95
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	VD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	STOUIS, PETER	1.2 NAME	Appleby, Jerry L.	
STREET ADDRESS	629 GLODEN SUNSHINE CIR	1.3 STREET ADDRESS	5430 Kenyon Rd.	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL 32810	
TITLE	PD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	FARUCCI, FRANK J	2.2 NAME	Heidler, Don	
STREET ADDRESS	1612 BURRYPOINT DR	2.3 STREET ADDRESS	1328 Hampshire Pl. Cir.	
CITY-ST-ZIP	ORLANDO FL 32837	2.4 CITY-ST-ZIP	Orlando, FL	
TITLE	VD	3.1 TITLE	MD	☒ Change ☐ Addition
NAME	MONTELONGO, LOUIS A	3.2 NAME	Reed, Darren M.	
STREET ADDRESS	1018 36TH ST	3.3 STREET ADDRESS	1005 Kaley Ave.	
CITY-ST-ZIP	ORLANDO FL 32805	3.4 CITY-ST-ZIP	Orlando, FL 32805	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Darren M. Reed 1-20-95 240-0061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004276