

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N49646 (5)

1. Corporation Name

GOOD SAMARITAN FOOD PROGRAM, INC.



Principal Place of Business

Mailing Address

~~1018 36TH ST
ORLANDO FL 32805~~

~~1018 36TH ST
ORLANDO FL 32805~~

2. Principal Place of Business

2a. Mailing Address

21 1030 W. KALEY ST

26 PO BOX 568606

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 ORLANDO FL

28 ORLANDO, FL

24 Zip

25 Country

29 Zip

30 Country

32805

OK

32856

OK

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/01/1992

3a. Date of Last Report

02/08/1995

4. FEI Number

59-3135193

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

10. Name and Address of New Registered Agent

APPLEBY, JERRY L.
5430 KENYON RD.
ORLANDO FL 32810

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

Jerry Appleby, President

4/23/96

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD
APPLEBY, JERRY L
5430 KENYON RD.
ORLANDO FL 32810

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD
HEIDLER, DON
1328 HAMPSHIRE PL. CIR
ORLANDO FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

MD
REED, DARRON M
1025 KALEY AVE.
ORLANDO FL 32805

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Jerry Appleby JERRY L. APPLEBY
PRESIDENT

4/23/96 (407) 246-0061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Day/Time Phone #

CR2E037 (12/95)