

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N49646

FILED
Jul 29, 2003
Secretary of State

Entity Name: GOOD SAMARITAN FOOD PROGRAM, INC.

Current Principal Place of Business:

1030 W. KALEY STREET
ORLANDO, FL 32805 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 568606
ORLANDO, FL 32856 US

New Mailing Address:

FEI Number: 59-3135193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASON, ALEXANDER M
4617 COURTNEY LEE CT
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MASON, ALEX M
Address: 4617 COURTNEY LEE CT
City-St-Zip: ORLANDO, FL 32812

Title: VD () Delete
Name: HEIDLER, DON
Address: 1328 HAMPSHIRE PL. CIR
City-St-Zip: ORLANDO, FL

Title: MD () Delete
Name: KOI, KIM
Address: 1025 KALEY AVE.
City-St-Zip: ORLANDO, FL 32805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALEX MASON

PD

07/29/2003

Electronic Signature of Signing Officer or Director

Date