2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# N49888

Entity Name: GOOD SAMARITAN CHRISTIAN FELLOWSHIP CHURCH, INC.

Current Principal Place of Business:

8260 LAIRD ROAD
BROOKSVILLE, FL 346017145

New Principal Place of Business:

Current Mailing Address:

PO BOX 517
BROOKSVILLE, FL 346050517

New Mailing Address:

8260 LAIRD ROAD
BROOKSVILLE, FL 346017145

FEI Number: 59-3138166 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAURA, DOUGLAS SR.
8260 LAIRD ROAD
BROOKSVILLE, FL 346017145 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:	P	( ) Delete
Name:	LEONARD, SR, JIMMIE	
Address:	5437 COLCHESTER AVENUE	
City-St-Zip:	SPRING HILL, FL 34608	
Title:	D	( ) Delete
Name:	MAURA, CLARENCE, JR.,	
Address:	25177 GONZALES MAURA LN	
City-St-Zip:	BROOKSVILLE, FL 34601	
Title:	D	( ) Delete
Name:	TAYLOR, GWEN	
Address:	741 SOUTH BAILEY ST.	
City-St-Zip:	BROOKSVILLE, FL 34601	
Title:	D	( ) Delete
Name:	SESLER, MARY FRANCES	
Address:	1076 PIERCEWOOD PT	
City-St-Zip:	BROOKSVILLE, FL 34602	
Title:	D	( ) Delete
Name:	MOBELY, MICHAEL	
Address:	2270 LONGVIEW CIRCLE	
City-St-Zip:	BROOKSVILLE, FL 34604	

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:	
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 exemption stated in Chapter 119, 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: JIMMIE LEONARD SR. P 02/26/2009

Electronic Signature of Signing Officer or Director — Date