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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **N93000000192 (5)**

1. Corporation Name

GOOD SAMARITAN CHURCH OF GOD, INC.

Principal Place of Business	Mailing Address
7183 NW 7 AVE MIAMI FL 33150	7183 NW 7 AVE MIAMI FL 33150

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/15/1993
3a. Date of Last Report: 01/28/1994
4. FEI Number: 65-0380691 ☐ 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
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HOMMEE, SANUEL P
7183 NW 7 AVE
MIAMI FL 33150

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	TD ☐ Change ☒ Addition
NAME	HOMME, SAMUEL P	1.2 NAME	Francois, Jephilippe
STREET ADDRESS	7183 NW 7 AVE	1.3 STREET ADDRESS	273 N.E 54 Street
CITY-ST-ZIP	MIAMI FL 33150	1.4 CITY-ST-ZIP	Miami Fl. 33137
TITLE	VD	2.1 TITLE	CD ☐ Change ☒ Addition
NAME	FARELUS, MANECE	2.2 NAME	Clerveus, Jean Raymond
STREET ADDRESS	10400 NW 5 AVE	2.3 STREET ADDRESS	1290 N.E 6 Ave # 18
CITY-ST-ZIP	MIAMI FL 33150	2.4 CITY-ST-ZIP	Mia Fl. 33168
TITLE	MD	3.1 TITLE	☐ Change ☒ Addition
NAME	PETION, PROSPERE	3.2 NAME	M Hyppolite Gerard
STREET ADDRESS	18 NE 69 ST	3.3 STREET ADDRESS	18005 NW 10 Ave
CITY-ST-ZIP	MIAMI FL 33150	3.4 CITY-ST-ZIP	Mia Fl. 33168
TITLE	SD	4.1 TITLE	TD ☒ Change ☐ Addition
NAME	COLLIS, CARLINE	4.2 NAME	Pereine Farelus
STREET ADDRESS	1822 NW 122 ST	4.3 STREET ADDRESS	10400 NW 5 Ave
CITY-ST-ZIP	MIAMI FL 33150	4.4 CITY-ST-ZIP	Mia Fl. 33150
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	FARELUS, MANECE	5.2 NAME	
STREET ADDRESS	10400 NW 5 AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169-8	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: Rev. Samuel P. Homme
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0042000