

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 # N93000000192 (5)

1. Corporation Name

GOOD SAMARITAN CHURCH OF GOD, INC.



Principal Place of Business

**7183 NW 7 AVE
MIAMI FL 33150**

Mailing Address

**7183 NW 7 AVE
MIAMI FL 33150**

3. Date Incorporated or Qualified
01/15/1993

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

21 **7183 NW 7 Ave.**

Suite, Apt. #, etc.

22

City & State

23 **Miami FL**

Zip

24 **33150**

Country

25 **USA**

2a. Mailing Address

26 **7183 NW 7 Ave.**

Suite, Apt. #, etc.

27

City & State

28 **Miami FL**

Zip

29 **33150**

Country

30 **USA**

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOMMEE, SANUEL P
7183 NW 7 AVE
MIAMI FL 33150**

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

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 ☐ DELETE

NAME **PD
HOMME, SAMUEL P**
STREET ADDRESS **7183 NW 7 AVE**
CITY - ST - ZIP **MIAMI FL 33150**

TITLE ☐ DELETE

NAME **VD
FARELUS, MANECE**
STREET ADDRESS **10400 NW 5 AVE**
CITY - ST - ZIP **MIAMI FL 33150**

TITLE ☐ DELETE

NAME **MD
PETION, PROSPERE**
STREET ADDRESS **18 NE 69 ST**
CITY - ST - ZIP **MIAMI FL 33150**

TITLE ☐ DELETE

NAME **TD
FARELUS, PERETT**
STREET ADDRESS **10400 NW 5TH AVE**
CITY - ST - ZIP **MIAMI FL**

TITLE ☒ DELETE

NAME **TD
FARELUS, MANECE**
STREET ADDRESS **10400 NW 5 AVE**
CITY - ST - ZIP **MIAMI FL 33169-8**

TITLE ☒ DELETE

NAME **TD
FRANCOIS, PHILIPPE**
STREET ADDRESS **273 NE 54TH ST**
CITY - ST - ZIP **MIAMI FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

REV FRANS PIERRE

TOUSSAINT

1350 N.E. DIEMERIN AVE

APT - 2 M Miami FL 33139

Online Regis

7183 NW 7 AVE

MIAMI FL 33150

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 19.07(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 in an attachment with an address.

SIGNATURE: **Rev. Samuel P. Homme**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/16
Date

947-4118
Daytime Phone #

1511 0017

CR2E037 (12/95)