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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000192

1. Corporation Name

GOOD SAMARITAN CHURCH OF GOD, INC.

Principal Place of Business

7183 NW 7TH AVE
1ST FLOOR
MIAMI FL 33150
US

Mailing Address

7183 NW 7TH AVE
1ST FLOOR
MIAMI FL 33150
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/15/1993

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

9. Name and Address of Current Registered Agent

PETIT-HOMME, SAMUEL R
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 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 PD
NAME HOMME, SAMUEL P
STREET ADDRESS 7183 NW 7 AVE
CITY-ST-ZIP MIAMI FL 33150 ☐ DELETE

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

TITLE MD
NAME HASTINGS, RICHARD P.
STREET ADDRESS 18 NE 69 ST
CITY-ST-ZIP MIAMI FL 33150 ☒ DELETE

TITLE TD
NAME HYPOLITE, GIZELE
STREET ADDRESS 510 NW 133 ST
CITY-ST-ZIP NORTH MIAMI FL ☒ DELETE

TITLE TD
NAME JEAN-BAPTISTE, COLY CARLINE
STREET ADDRESS 1351 NE 119TH STREET
CITY-ST-ZIP MIAMI FL 33161 ☐ DELETE

TITLE TD
NAME JEAN-BAPTISTE, ELISSAGE
STREET ADDRESS 1351 NE 118TH STREET
CITY-ST-ZIP MIAMI FL 33161 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Petit-Homme, Esdras
3.3 STREET ADDRESS 14895 NE 18 AVE B1 Apt 6th
3.4 CITY-ST-ZIP Miami, FL 33181

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Pierre, Gisele
4.3 STREET ADDRESS 7832 W Venetian Miramar
4.4 CITY-ST-ZIP Miami, FL 33023

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *Rev. Samuel P. Petit-Homme*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/99 (305) 754-0019
Date Daytime Phone #

CR2E037 (1/98)