

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000192

1. Entity Name

GOOD SAMARITAN CHURCH OF GOD, INC.

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90096 046 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0380691

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETIT-HOMME, SAMUEL R
7183 NW 7 AVE
MIAMI FL 33150

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. 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 PETIT, HOMME-ESDRAS
STREET ADDRESS 14895 NE 18 AVE B1 APT 6H
CITY-ST-ZIP MIAMI FL 33181 ☐ Delete

TITLE TD
NAME PIERRE, GISELE
STREET ADDRESS 7832 W VENETIAN MIRAMAR
CITY-ST-ZIP MIAMI FL 33023 ☐ Delete

TITLE TD
NAME JEAN-BAPTISTE, COLY CARLINE
STREET ADDRESS 14410 N.W. 16 AVE
CITY-ST-ZIP MIAMI FL 33161 ☐ Delete

TITLE TD
NAME JEAN-BAPTISTE, ELISSAGE
STREET ADDRESS 14410 N.W. 16 AVE
CITY-ST-ZIP MIAMI FL 33167 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE: *Rev. Samuel P. Homme*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-12-01 (805) 947-4118

CR2E037 (10/00)