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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N93000001054 (6)

1. Corporation Name

THE GOOD SAMARITAN HOUSING, INC.

Principal Place of Business

14920 BALM-WIMAUMA ROAD  
BALM FL 33503

Mailing Address

P.O. BOX 213  
BALM FL 33503



3. Date Incorporated or Qualified

02/22/1993

3a. Date of Last Report

06/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRUZ, WILLIAM R  
6011 FROND WAY  
APOLLO BEACH FL 33572

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME CRUZ, WILLIAM R  
STREET ADDRESS 6011 FROND WAY  
CITY-ST-ZIP APOLLO BEACH FL 33572

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME DOUGLAS, PERRY L  
STREET ADDRESS 1219 AVE S STE 105  
CITY-ST-ZIP SARASOTA FL

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME VELEZ, FRANCISCO  
STREET ADDRESS 11404 SUNCREEK PLACE  
CITY-ST-ZIP TEMPLE TERRACE FL

31 TITLE ☒ Change ☐ Addition  
32 NAME GONZALEZ, AURELIA  
33 STREET ADDRESS 119 DELIA ST.  
34 CITY-ST-ZIP WIMAUMA, FL 33598

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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)(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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 1996

Date

813-634-7136

Daytime Phone #

05 6/19/96

CR2E037 (12/95)