04231999-90251-010-$61.25-$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003957

1. Corporation Name
GOOD SAMARITAN CHRISTIAN CENTER, INC.

Principal Place of Business
1213 SOUTHWEST 2ND PLACE
CAPE CORAL FL 33991

Mailing Address
1213 SOUTHWEST 2ND PLACE
CAPE CORAL FL 33991

4|23|999025|010 $61.25

2. Principal Place of Business: 3142 Michigan Ave	2a. Mailing Address: P.O. BOX 285	3. Date Incorporated or Qualified: 08/31/1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number: 65-0474134 ☐ Applied For ☐ Not Applicable
City & State: Ft. myers Florida	City & State: Ft. myers Florida	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country: Lee	Zip: 33994 Country: Lee	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
STEGALL, HAROLD
1213 SOUTHWEST 2ND PLACE
CAPE CORAL FL 33991

10. Name and Address of New Registered Agent
Name: FElton Kinchen
Street Address (P.O. Box Number is Not Acceptable): 1402 Heiman Ave
Fort
City: Fort Myers FL Zip Code: 33905

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: FElton KINCHEN/ PASTOR
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 NAME: STEGALL, HAROLD STREET ADDRESS: 1213 SOUTHWEST 2ND PLACE CITY-ST-ZIP: CAPE CORAL FL 33991	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Pastor KINCHEN, FElton 1402 Heiman Ave Fort Myers FL ☑ Change ☐ Addition
TITLE: D NAME: STEGALL, MODEAN STREET ADDRESS: 1213 SOUTHWEST 2ND PLACE CITY-ST-ZIP: CAPE CORAL FL 33991	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Missionary Furlow [illegible] OR FURLOW MARY 4746 Nottingham Dr. Fort Myers, FL 33905 ☐ Change ☑ Addition
TITLE: D NAME: KINCHEN, FELTON STREET ADDRESS: 1402 HEIMAN AVENUE CITY-ST-ZIP: FORT MYERS FL 33905	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: Felton Kinchen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 11/29/99
Daytime Phone #: Kinchen, Angie (941) [illegible]-1224 (941) 693-0152

CR2E037 (5/99)

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