2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# N93000003957

Entity Name: GOOD SAMARITAN CHRISTIAN CENTER, INC.

Current Principal Place of Business:

1402 HEIMAN AVE
FT. MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 050094
FT, MYERS, FL 339050094

New Mailing Address:

FEI Number: 65-0474134 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KINCHEN, FELTON
1402 HEIMAN AVE.
FORT MYERS, FL 33905 US

Name and Address of New Registered Agent:

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: FELTON KINCHEN

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PT	( ) Delete
Name:	KINCHEN, FELTON	
Address:	1402 HEIMAN AVE	
City-St-Zip:	FT. MYERS, FL 33905	
Title:	ST	( ) Delete
Name:	FURLOW, MARY E	
Address:	4746 NOTTINGHAM DR	
City-St-Zip:	FORT MYERS, FL 33905	
Title:	D	( ) Delete
Name:	TARVER, LISA	
Address:	3608 SEMINOLE AVE., APT C-206	
City-St-Zip:	FORT MYERS, FL 33916	
Title:	D	( ) Delete
Name:	ROGERS, JOHN	
Address:	4539 GARY DRIVE	
City-St-Zip:	FORT MYERS, FL	
Title:	E	( ) Delete
Name:	KINCHEN, ANNIE L	
Address:	1402 HEIMAN AVE	
City-St-Zip:	FT. MYERS, FL 33905	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FELTON KINCHEN PT 04/26/2005

Electronic Signature of Signing Officer or Director — Date