

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000003957

FILED  
Mar 21, 2003  
Secretary of State

**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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) 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: PT ( ) Delete  
Name: KINCHEN, ANNIE L  
Address: 1402 HEIMAN AVE  
City-St-Zip: FT. MYERS, FL 33905

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PT (X) Change ( ) Addition  
Name: KINCHEN, FELTON  
Address: 1402 HEIMAN AVE  
City-St-Zip: FT. MYERS, FL 33905

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: E (X) Change ( ) Addition  
Name: KINCHEN, ANNIE L  
Address: 1402 HEIMAN AVE  
City-St-Zip: FT. MYERS, FL 33905

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

03/21/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date