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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N94000000780 (6)

1. Corporation Name

GOOD SAMARITAN MINISTRIES INC.



Principal Place of Business

2211 N FLORIDA AVE  
TAMPA FL 33602

Mailing Address

2211 N FLORIDA AVE  
TAMPA FL 33602

3. Date Incorporated or Qualified  
02/16/1994

3a. Date of Last Report  
08/02/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

FENELON, FRANCOEUR  
2211 N FLORIDA AVE  
TAMPA FL 33602

4. FEI Number

65-0528911

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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

FRANCOEUR FENELON

(NOTE: Registered Agent's signature required when re-registering)

DATE 7-29-96

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME FENELON, FRANCOEUR  
STREET ADDRESS %2211 N FLORIDA AVE  
CITY-ST-ZIP TAMPA FL 33602

TITLE D ☐ DELETE

NAME DORCEON, WISNER  
STREET ADDRESS %2211 N FLORIDA AVE  
CITY-ST-ZIP TAMPA FL 33602

TITLE SD ☐ DELETE

NAME HILAIRE, YVROSE  
STREET ADDRESS 8711 N 12TH ST  
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE

NAME BLANCHARD, FRITZ  
STREET ADDRESS 311 E 121ST AVE  
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE

NAME AUGUSTIN, VALENTIN  
STREET ADDRESS 11310 SPRING CT APT A  
CITY-ST-ZIP TAMPA FL

TITLE Director ☐ DELETE

NAME SUSAN SANFILIPPO  
STREET ADDRESS 8447 STANDISH BEND DRIVE  
CITY-ST-ZIP TAMPA FL 33615

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SUSAN SANFILIPPO ☐ Change ☒ Addition

1.2 NAME 8447 STANDISH BEND DRIVE

1.3 STREET ADDRESS Tampa, FL 33615

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

Francœur Fenelon

7-29-96

(813) 221-4030

CR2E037 (12/95)