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May 09 1997 8:00am

Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

2211 N FLORIDA AVE
TAMPA FL 33602

O. O. BOX 172205 N/A
TAMPA FL 33672-0205
US

3. Date Incorporated or Qualified
02/16/1994

3a. Date of Last Report
08/07/1996

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

25

29

30

4. FEI Number
65-0528911

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FENELON, FRANCOEUR
2211 N FLORIDA AVE
TAMPA FL 33602

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

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME DORCEON, WISNER
STREET ADDRESS %221 N FLORIDA AVE
CITY-ST-ZIP TAMPA FL 33602

1.2 NAME ☐ Change ☐ Addition

TITLE SD ☐ DELETE

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

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE D ☐ DELETE

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

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

[Signature]

4-18-97 (813) 721-1130

CR2E037 (9/96)