

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004790

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE GOOD SAMARITAN CHRISTIAN TEMPLE OF THE ASSEMBLIES OF GOD, INC.

Current Principal Place of Business:

2220 HUNTER ST
FT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6503
FORT MYERS, FL 33911

New Mailing Address:

PO BOX 6503
FORT MYERS, FL 33911

FEI Number: 65-0745602

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SUAREZ, ISRAEL REV
1745 EMERALD COVE CIR
CAPE CORAL, FL 33991 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: P () Delete
Name: SUAREZ, ISRAEL REV
Address: 1745 EMERALD COVE CIRCLE
City-St-Zip: CAPE CORAL, FL 33991

Title: S () Delete
Name: MELENDEZ, CARMEN M
Address: 2235 WILLIAMS DR
City-St-Zip: FORT MYERS, FL 33901

Title: T () Delete
Name: COLON, LINDA
Address: PO BOX 51685
City-St-Zip: FORT MYERS, FL 33994

Title: DT () Delete
Name: COLON, WILLIAM
Address: 12024 COUNTRY DAY CIR.
City-St-Zip: FORT MYERS, FL 33913

Title: TR () Delete
Name: REYES, GEOVANI
Address: 9958 HORSE CREEK ROAD
City-St-Zip: FORT MYERS, FL 33913

Title: TR () Delete
Name: FONTANEZ, JOSE
Address: 2824 NW 5TH PLACE
City-St-Zip: CAPE CORAL, FL 33993

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: TR (X) Change () Addition
Name: VAZQUEZ, ZORAIDA
Address: 811 ABRAMS STREET
City-St-Zip: LEHIGH ACRES, FL 33971

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ISRAEL SUAREZ

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date