

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 18 1997 8:00am
Secretary of State

DOCUMENT # N96000005454 (1)

1. Corporation Name

GOOD SAMARITAN CHRISTIAN MINISTRIES, INC.

Principal Place of Business

Mailing Address

4401 FAIRWAY DRIVE NO
JUPITER FL 33477-9531

4401 FAIRWAY DRIVE NO
JUPITER FL 33477-9531

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/23/1996

3a. Date of Last Report

2. Principal Place of Business

21 21 SABAL ISLAND DR.

2a. Mailing Address

26 21 SABAL ISLAND DR.

4. FEI Number

65-0704306

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 BOYNTON BEACH, FL

City & State

28 BOYNTON BEACH, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

24 33435

25 USA

Zip

Country

29 33435

30 USA

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEENHOEK, DON
4401 FAIRWAY DRIVE NO
JUPITER FL 33477-9531

81 Name

ROGER T. PRESAS

82 Street Address (P.O. Box Number Is Not Acceptable)

377 WRANGLEWOOD DR.

83

84 City

WELLINGTON

FL

85 Zip Code

33414

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

8/11/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME STEENHOEK, DON
STREET ADDRESS 4401 FAIRWAY DR NO
CITY-ST-ZIP JUPITER FL 33477-9531

1.1 TITLE PD
1.2 NAME PIERSMA, ELTON
1.3 STREET ADDRESS 21 SABAL ISLAND DR.
1.4 CITY-ST-ZIP BOYNTON BEACH, FL 33435

TITLE TD
NAME PRESAS, ROGER T
STREET ADDRESS 377 WRANGLEWOOD DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33414

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME KOORNNEEF, JAKE
STREET ADDRESS 5700 SIMS ROAD
CITY-ST-ZIP DELRAY BEACH FL 33484

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 REQUIRED

8/11/97

50-091-117

CR2E037 (4/97)