

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005454

1. Entity Name

GOOD SAMARITAN CHRISTIAN MINISTRIES, INC.

Principal Place of Business

21 SABAL ISLAND DR
BOYNTON BEACH FL 33435
US

Mailing Address

21 SABAL ISLAND DR
BOYNTON BEACH FL 33435
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0704306

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRESAS, ROGER T
377 WRANGLEWOOD DR
WELLINGTON FL 33414

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PIERSMA, ELJON 21 SABAL ISLAND DR BOYNTON BEACH FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD PRESAS, ROGER T 377 WRANGLEWOOD DRIVE WEST PALM BEACH FL 33414 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD KOORNNEEF, JAKE 5700 SIMS ROAD DELRAY BEACH FL 33484 | <input type="checkbox"/> Delete |
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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROGER T. PRESAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/01 5618325830
Date Daytime Phone #

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90029 021 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)