


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000005454	
1. Entity Name GOOD SAMARITAN CHRISTIAN MINISTRIES, INC.	

Principal Place of Business 377 WRANGLEWOOD DR WELLINGTON, FL 33414 US	Mailing Address 377 WRANGLEWOOD DR WELLINGTON, FL 33414 US
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02232005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0704306	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PRESAS, ROGER T
377 WRANGLEWOOD DR
WELLINGTON, FL 33414

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)) **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIERSMA, ELION 21 SABAL ISLAND DR BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PRESAS, ROGER T 377 WRANGLEWOOD DRIVE WEST PALM BEACH, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOORNNEEF, JAKE 5700 SIMS ROAD DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1100000322081
04/21/05-80104-016 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **APR 18, 2005** **Daytime Phone #** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROGER T PRESAS