2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000005454

1. Entity Name
GOOD SAMARITAN CHRISTIAN MINISTRIES, INC.

Principal Place of Business	Mailing Address
377 WRANGLEWOOD DR	377 WRANGLEWOOD DR
WELLINGTON, FL 33414 US	WELLINGTON, FL 33414 US

DO NOT WRITE IN THIS SPACE

02202008 No Chg-NP   CR2E037 (4/06)

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

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, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PIERSMA, ELION
STREET ADDRESS	36 YACHT CLUB DR 505
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408

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

TITLE	SD
NAME	KOORNNEEF, JAKE
STREET ADDRESS	5700 SIMS ROAD
CITY-ST-ZIP	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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03/05/08-80002-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____   2/20/08   561 791 1112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #