
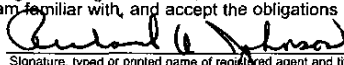


FILE NOW: FILING FEE IS \$61.25

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Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90026 036 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000000647 (4) ✓ 1. Corporation Name THE GOOD SAMARITAN SPONSORSHIP PROJECT, INC.			
Principal Place of Business 2948 SE 38TH PLACE OCALA FL 34480		Mailing Address 2948 SE 38TH PLACE OCALA FL 34480	
2. Principal Place of Business 21 2310 NE 40TH AVE Suite, Apt. #, etc. 22 City & State 23 OCALA, FL Zip 24 34470 Country 25 U.S.A.	2a. Mailing Address 26 2310 NE 40TH AVE Suite, Apt. #, etc. 27 City & State 28 OCALA, FL Zip 29 34470 Country 30 U.S.A.	3. Date Incorporated or Qualified 02/03/1997 4. FEI Number 59-3441319 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent JOHNSON, RICHARD A 2310 NE 40TH AVE OCALA, FL 34470		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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  RICHARD A. JOHNSON 3/8/99 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input type="checkbox"/> DELETE NAME JOHNSON, RICHARD A. STREET ADDRESS 2310 NE 40TH AVE CITY-ST-ZIP OCALA FL 34470		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE STD <input type="checkbox"/> DELETE NAME JOHNSON, BARBARA A STREET ADDRESS 2310 NE 40TH AVE CITY-ST-ZIP OCALA FL 34470		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME GREENING, ALTON R. STREET ADDRESS 1635 NW 7TH PLACE CITY-ST-ZIP GAINESVILLE FL 32603		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME SNYDER, GREG 4.3 STREET ADDRESS 4506 SE 5TH PLACE 4.4 CITY-ST-ZIP OCALA FL 34471	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME SNYDER, DEBBIE 5.3 STREET ADDRESS 4506 SE 5TH PLACE 5.4 CITY-ST-ZIP OCALA FL 34471	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:  RICHARD A. JOHNSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99

352-622-1818

Date

Daytime Phone #

CR2E037-11/98