

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90049 027 ****61.25

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1. Entity Name

THE GOOD SAMARITAN SPONSORSHIP PROJECT, INC.



Principal Place of Business

2310 NE 40TH AVE
OCALA FL 34470

Mailing Address

2310 NE 40TH AVE
OCALA FL 34470

34028070

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

59-3441319

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

JOHNSON, RICHARD A
2310 NE 40TH AVE
OCALA FL 34470

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. 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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JOHNSON, RICHARD A ☐ Delete
STREET ADDRESS 2310 NE 40TH AVE
CITY-ST-ZIP Ocala FL 34470

TITLE STD
NAME JOHNSON, BARBARA A ☐ Delete
STREET ADDRESS 2310 NE 40TH AVE
CITY-ST-ZIP Ocala FL 34470

TITLE D
NAME RANEW, TOM ☐ Delete
STREET ADDRESS 525 SE 61ST CT
CITY-ST-ZIP Ocala FL 34472

TITLE D
NAME SNYDER, GREG ☐ Delete
STREET ADDRESS 4506 SE 5TH PLACE
CITY-ST-ZIP Ocala FL 34471

TITLE D
NAME SNYDER, DEBBIE ☐ Delete
STREET ADDRESS 4506 SE 5TH PLACE
CITY-ST-ZIP Ocala FL 34471

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Richard A. Johnson* **Richard A. Johnson** **4/5/04** **352-622-1818**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #