

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000000647

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**



01062006 No Chg-NP CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNSON, RICHARD A
STREET ADDRESS	2310 NE 40TH AVE
CITY-ST-ZIP	OCALA, FL 34470
TITLE	STD
NAME	JOHNSON, BARBARA A
STREET ADDRESS	2310 NE 40TH AVE
CITY-ST-ZIP	OCALA, FL 34470
TITLE	D
NAME	RANEW, TOM
STREET ADDRESS	525 SE 61ST CT
CITY-ST-ZIP	OCALA, FL 34472
TITLE	D
NAME	SNYDER, GREG
STREET ADDRESS	4506 SE 5TH PLACE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	D
NAME	SNYDER, DEBBIE
STREET ADDRESS	4506 SE 5TH PLACE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000444638
03/07/06-80010-013 61.25

**DO NOT WRITE
IN THIS SPACE**

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 817, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/06

352-629-1537

Date

Daytime Phone If