

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90168 042 ****61.25

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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

7. Name and Address of New Registered Agent

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

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

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

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

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

TITLE D ☐ Delete
NAME SNYDER, DEBBIE
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
STREET ADDRESS
CITY-ST-ZIP

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

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* **SIGNATURE REQUIRED** *Richard A. Johnson 1/20/03 352-622-1818*

CR2E037 (10/02)