

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 23, 1999 8:00 am**  
**Secretary of State**

06-23-1999 90001 009 \*\*\*\*70.00

DOCUMENT # **N97000000678**

1. Corporation Name

**MINISTRIES OF THE GOOD SAMARITANS, INC.**

Principal Place of Business

Mailing Address

128 TWIN OAKS DR  
CRESTVIEW FL 32536

128 TWIN OAKS DR  
CRESTVIEW FL 32536



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

02/05/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-3442574

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANCHORS, PATRICIA M  
128 TWIN OAKS DR  
CRESTVIEW FL 32536

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

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 **D** ☒ DELETE

NAME **GILLEY, DONELL**  
STREET ADDRESS **3217 HELMS FARM RD.**  
CITY-ST-ZIP **CRESTVIEW FL 32536**

1.1 TITLE **D** ☐ Change ☒ Addition

1.2 NAME **Gillis E. Powell, Jr.**  
1.3 STREET ADDRESS **422 N. Main Street**  
1.4 CITY-ST-ZIP **Crestview, FL 32536**

TITLE **D** ☒ DELETE

NAME **GILLEY, NOMA**  
STREET ADDRESS **3217 HELMS FARM ROAD**  
CITY-ST-ZIP **CRESTVIEW FL 32536**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE

NAME **ANCHORS, PATRICIA I**  
STREET ADDRESS **128 TWIN OAKS DR**  
CITY-ST-ZIP **CRESTVIEW FL 32536**

3.1 TITLE **P/D** ☒ Change ☐ Addition

3.2 NAME **Patricia M. Anchors**  
3.3 STREET ADDRESS **128 Twin Oak Dr.,**  
3.4 CITY-ST-ZIP **Crestview, FL 32536**

TITLE **D** ☐ DELETE

NAME **ANCHORS, GREGORY**  
STREET ADDRESS **128 TWIN OAKS DR**  
CITY-ST-ZIP **CRESTVIEW FL 32536**

4.1 TITLE **D** ☒ Change ☐ Addition

4.2 NAME **Gregory M. Anchors**  
4.3 STREET ADDRESS **128 Twin Oak Dr.**  
4.4 CITY-ST-ZIP **Crestview, FL 32536**

TITLE **D** ☐ DELETE

NAME **MORGAN, BEN**  
STREET ADDRESS **2229 HIGHWAY 2**  
CITY-ST-ZIP **BAKER FL 32531**

5.1 TITLE **D** ☒ Change ☐ Addition

5.2 NAME **Ben D. Morgan**  
5.3 STREET ADDRESS **2229 Highway 2**  
5.4 CITY-ST-ZIP **Baker, FL 32531**

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: **Patricia M. Anchors** **Patricia M. Anchors** 6-8-99 (850) 689-3735  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)