

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000678

FILED
Apr 10, 2007
Secretary of State

Entity Name: MINISTRIES OF THE GOOD SAMARITANS, INC.

Current Principal Place of Business:

128 TWIN OAKS DR
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

128 TWIN OAKS DR
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 59-3442574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANCHORS, PATRICIA M
128 TWIN OAKS DR
CRESTVIEW, FL 32536 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: ANCHORS, PATRICIA M
Address: 128 TWIN OAK DR
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: ANCHORS, GREGORY M
Address: 128 TWIN OAK DR
City-St-Zip: CRESTVIEW, FL 32536 US

Title: DP () Delete
Name: MORGAN, BEN D
Address: 2229 HWY 2
City-St-Zip: BAKER, FL 32531

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA M. ANCHORS

DST

04/10/2007

Electronic Signature of Signing Officer or Director

Date