

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006078

Entity Name: AFRICAN GOOD SAMARITAN MISSION INC.

FILED
Mar 22, 2013
Secretary of State
CC0142967681

Current Principal Place of Business:

6700 150TH AVE N,
UNIT 705
CLEARWATER, FL 33764

Current Mailing Address:

6700 150TH AVE N,
UNIT 705
CLEARWATER, FL 33764

FEI Number: 26-2924332

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OLADE, ROSALINE DR
6700 150TH AVE N
UNIT 705
CLEARWATER, FL 33764 US

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

Officer/Director Detail :

Title P
Name OLADE, ROSALINE DR
Address 6700 150TH AVE N, # 705
City-State-Zip: CLEARWATER FL 33764

Title VP
Name WILSON , JOHN REV
Address 2751 POPLAR GROVE AVE
City-State-Zip: KAMRAR, IA 50132

Title S
Name QUATTLEBAUM, MARSHA MRS.
Address 1851 DEL ROBLES TERRACE
City-State-Zip: CLEARWATER FL 33764

Title T
Name TROBMLEY, ROBERT . DR.
Address 582 VALLANCE WAY NE
City-State-Zip: ST PETERSBURG FL 33716

Title MGRM
Name AKINLADE, WILLIAM DR, REV
Address NO 14 ADU CLOSE, POLYTECHNIC ROAD,
City-State-Zip: IBADAN OY NIGER-IA

Title MGRM
Name AKINLADE , MOBOLA DR
Address NO 14 ADU CLOSE, POLYTECHNIC ROAD,
City-State-Zip: IBADAN NIGER-IA

I hereby 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 all other like empowered.

SIGNATURE: DR ROSALINE OLADE

PRESIDENT

03/22/2013

Electronic Signature of Signing Officer/Director Detail

Date