

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006078

Entity Name: AFRICAN GOOD SAMARITAN MISSION INC.**Current Principal Place of Business:**2430 CARDINAL ELM ST
FRESNO , TX 77545**Current Mailing Address:**2430 CARDINAL ELM STREET
FRESNO, TX 77545 US**FEI Number:** 26-2924332**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OLADE, ROSALINE DR
C/O CATHY SCHMIDT,
207 MIDWAY ISLAND
CLEARWATER, FL 33767 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	2430 CARDINAL ELM ST
City-State-Zip:	FRESNO TX 77545

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

Title	S
Name	CASTELLANOS, DANIEL
Address	2926 THISTLEDOWN DR
City-State-Zip:	LEAGUE CITY TX 77573

Title	T
Name	SCHMIDT, CATHY .
Address	207 MIDWAY IISLAND
City-State-Zip:	CLEARWATER FL 33767

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

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

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: ROSALINE OLADE

PRESIDENT

02/05/2018

Electronic Signature of Signing Officer/Director Detail_____
Date