

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000004888

FILED
Apr 25, 2002 8:00 AM
Secretary of State

Entity Name: SAMARITAN'S PURSE, INC.

Current Principal Place of Business:

801 BAMBOO ROAD
BOONE, NC 28607

New Principal Place of Business:

Current Mailing Address:

PO BOX 3000
BOONE, NC 28607

New Mailing Address:

FEI Number: 58-1437002

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VICKBURG, BETH
4370 SOUTH TAMiami TRIL, STE 314
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

VICKBURG, BETH
2485 EAST SUNRISE BOULEVARD
SUITE 201-A
FORT LAUDERDALE, FL 33304 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:

04/25/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHEATHAM, MELVIN L
Address: 244 BARNARD WAY
City-St-Zip: VENTURA, CA

Title: D () Delete
Name: EVANS, ANTHONY T
Address: 1940 ELDER LEAF DRIVE
City-St-Zip: DALLAS, TX

Title: D () Delete
Name: FURMAN, JAMES C
Address: 166 SOUTHGATE DR., STE 10
City-St-Zip: BOONE, NC

Title: D () Delete
Name: FURMAN, LOWELL B
Address: 965 STATE FARM RD
City-St-Zip: BOONE, NC

Title: CD () Delete
Name: GRAHAM III, W. FRANKLIN
Address: PO BOX 3000
City-St-Zip: BOONE, NC

Title: TD () Delete
Name: HEITZIG, L F
Address: 4001 OSUNA RD, NE
City-St-Zip: ALBUQUERQUE, NM

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:

Title: () Change () Addition
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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 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 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: J. TODD CHASTEEN

VP

04/25/2002

Electronic Signature of Signing Officer or Director

Date