


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000004888

1. Entity Name
SAMARITAN'S PURSE, INC.



Principal Place of Business 801 BAMBOO ROAD BOONE, NC 28607	Mailing Address PO BOX 3000 BOONE, NC 28607
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DO NOT WRITE IN THIS SPACE



04212005 No Chg-NP CR2E037 (10/03)

4. FEI Number 58-1437002	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PRICE, SUSANNE
11221 JOHN WYCLIFFE BLVD
ORLANDO, FL 32832

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEATHAM, MELVIN L 244 BARNARD WAY VENTURA, CA 93001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, ANTHONY T 1940 ELDERLEAF DRIVE DALLAS, TX 75232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FURMAN, JAMES C 166 SOUTHGATE DR., STE 10 BOONE, NC 28607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FURMAN, LOWELL B 695 TRILLIUM RIDGE BOONE, NC 28607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GRAHAM III, W. FRANKLIN 801 BAMBOO RD. BOONE, NC 28607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEITZIG, L.F. 32222 DEL OBISPO ST. SAN JUAN CAPISTRANO, CA 92675

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IN THIS SPACE**

U00000348453
04/30/05-80077-004 61.25

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Phyllis T. Payne Secretary 04-22-05 828-262-1980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #