

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000004888

**Entity Name:** SAMARITAN'S PURSE, INC.

**Current Principal Place of Business:**

801 BAMBOO ROAD  
BOONE, NC 28607

**Current Mailing Address:**

PO BOX 3000  
BOONE, NC 28607

**FEI Number:** 58-1437002

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

OWEN, ANNA  
11221 JOHN WYCLIFFE BLVD  
ORLANDO, FL 32832 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 OFFICER, DIRECTOR  
Name CARROLL, STERLING C  
Address P O BOX 3000  
City-State-Zip: BOONE NC 28607

Title DIRECTOR  
Name FURMAN, JAMES C  
Address P O BOX 3000  
City-State-Zip: BOONE NC 28607

Title DIRECTOR  
Name FURMAN, RICHARD W  
Address P O BOX 3000  
City-State-Zip: BOONE NC 28607

Title DIRECTOR  
Name GARCIA-CARRILLO, PEDRO P  
Address P O BOX 3000  
City-State-Zip: BOONE NC 28607

Title DIRECTOR  
Name GRAHAM, MELVIN F  
Address P O BOX 3000  
City-State-Zip: BOONE NC 28607

Title SECRETARY, DIRECTOR  
Name PAYNE, PHYLLIS T  
Address SAMARITAN'S PURSE  
P O BOX 3000  
City-State-Zip: BOONE NC 28607

Title DIRECTOR  
Name GRAHAM, ROY A  
Address P O BOX 3000  
City-State-Zip: BOONE NC 28607

Title DIRECTOR  
Name HARWOOD, MIKE  
Address P O BOX 3000  
City-State-Zip: BOONE NC 28607

**Continues on page 2**

*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:** PHYLLIS T. PAYNE

**SECRETARY**

**03/15/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HEITZIG, LOUIS F  
Address P O BOX 3000  
City-State-Zip: BOONE NC 28607

Title DIRECTOR  
Name HORNE, DOUGLAS A  
Address P O BOX 3000  
City-State-Zip: BOONE NC 28607

Title DIRECTOR  
Name OLIVER, JAMES L  
Address P O BOX 3000  
City-State-Zip: BOONE NC 28607

Title DIRECTOR  
Name PREVO, JERRY L  
Address P O BOX 3000  
City-State-Zip: BOONE NC 28607

Title DIRECTOR  
Name SHANK, ROBERT R  
Address P O BOX 3000  
City-State-Zip: BOONE NC 28607

Title DIRECTOR  
Name KEITH, GRAEME M.  
Address P O BOX 3000  
City-State-Zip: BOONE NC 28607

Title DIRECTOR  
Name CHEATHAM, MICHAEL L.  
Address P O BOX 3000  
City-State-Zip: BOONE NC 28607

Title DIRECTOR  
Name SCOTT, JOHN  
Address PO BOX 3000  
City-State-Zip: BOONE NC 28607

Title DIRECTOR  
Name HODGES, THOMAS M IV  
Address P O BOX 3000  
City-State-Zip: BOONE NC 28607

Title DIRECTOR  
Name DEL CAMPO, FELIX M JR.  
Address P O BOX 3000  
City-State-Zip: BOONE NC 28607

Title OFFICER, DIRECTOR  
Name PAULS, BRIAN D  
Address P O BOX 3000  
City-State-Zip: BOONE NC 28607

Title DIRECTOR  
Name SABER, PAUL T  
Address P O BOX 3000  
City-State-Zip: BOONE NC 28607

Title PRESIDENT, CEO, CHAIRMAN OF THE BOARD  
Name GRAHAM, FRANKLIN W  
Address SAMARITAN'S PURSE  
PO BOX 3000  
City-State-Zip: BOONE NC 28607

Title DIRECTOR  
Name RHOADS, ROSS S.  
Address P O BOX 3000  
City-State-Zip: BOONE NC 28607

Title DIRECTOR  
Name GRAHAM, MELVIN F.  
Address P O BOX 3000  
City-State-Zip: BOONE NC 28607