## 2018 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

**FILED** Jan 05, 2018

**Secretary of State** 

CC6016144387

Officer/Director Detail :

Title OFFICER, DIRECTOR Title DIRECTOR

CARROLL, STERLING C Name Name FURMAN, JAMES C Address P O BOX 3000 P O BOX 3000 Address

City-State-Zip: BOONE NC 28607 BOONE NC 28607 City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name GARCIA-CARRILLO, PEDRO P FURMAN, RICHARD W Name

Address P O BOX 3000 Address P O BOX 3000 City-State-Zip: BOONE NC 28607 City-State-Zip: BOONE NC 28607

Title SECRETARY, DIRECTOR Title **DIRECTOR** 

Name PAYNE, PHYLLIS T Name GRAHAM, MELVIN F

Address SAMARITAN'S PURSE Address P O BOX 3000

P O BOX 3000

BOONE NC 28607 City-State-Zip: City-State-Zip: BOONE NC 28607

Title DIRECTOR Title **DIRECTOR** 

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

BOONE NC 28607 City-State-Zip:

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.

01/05/2018 SIGNATURE: PHYLLIS T. PAYNE SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title

DIRECTOR

Title DIRECTOR Title DIRECTOR

Name HEITZIG, LOUIS F Name HODGES, THOMAS M IV

Address P O BOX 3000 Address P O BOX 3000

City-State-Zip: BOONE NC 28607 City-State-Zip: BOONE NC 28607

Title DIRECTOR Title DIRECTOR

Name HORNE, DOUGLAS A Name DEL CAMPO, FELIX M JR.

Address P O BOX 3000 Address P O BOX 3000

City-State-Zip: BOONE NC 28607 City-State-Zip: BOONE NC 28607

TitleDIRECTORTitleOFFICER, DIRECTORNameOLIVER, JAMES LNamePAULS, BRIAN DAddressP O BOX 3000AddressP O BOX 3000

City-State-Zip: BOONE NC 28607 City-State-Zip: BOONE NC 28607

 Title
 DIRECTOR
 Title
 DIRECTOR

 Name
 PREVO, JERRY L
 Name
 SABER, PAUL T

 Address
 P.O. BOX 3000
 Address
 P.O. BOX 3000

Address P O BOX 3000 Address P O BOX 3000

City-State-Zip: BOONE NC 28607

City-State-Zip: BOONE NC 28607

Title DIRECTOR Title PRESIDENT, CEO, CHAIRMAN OF THE

BOARD

Name SHANK, ROBERT R Name GRAHAM, FRANKLIN W

Address P O BOX 3000 Address SAMARITAN'S PURSE

City-State-Zip: BOONE NC 28607 PO BOX 3000

City-State-Zip: BOONE NC 28607

Title DIRECTOR

Title DIRECTOR

Title DIRECTOR

Name KEITH, GRAEME M.

Address P O BOX 3000

Name CHEATHAM, MICHAEL L.

City-State-Zip: BOONE NC 28607 Address P O BOX 3000

City-State-Zip: BOONE NC 28607

Name GRAHAM, MELVIN F.

Title DIRECTOR

Name SCOTT, JOHN

Address P O BOX 3000

City-State-Zip: BOONE NC 28607

Address PO BOX 3000

Address PO BOX 3000

City-State-Zip: BOONE NC 28607