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Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **745564** (5)

1. Corporation Name

SAMARITAN COUNSELING CENTER, INC.



Principal Place of Business	Mailing Address
411 W. TURNER ST. P.O. BOX 357 CLEARWATER FL 34617-7357	411 W. TURNER ST. P.O. BOX 357 CLEARWATER FL 34617-7357

3. Date Incorporated or Qualified	01/16/1979
4. FEI Number	59-1869068
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2430 Estancia Blvd.	26 Suite, Apt. #, etc.
22 Suite # 112	27 Suite, Apt. #, etc.
23 Clearwater FL	28 City & State
24 33761	29 Zip
25 USA	30 Country

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

COOPER, ROBERT M
411 W. TURNER ST.
CLEARWATER FL 34616

10. Name and Address of New Registered Agent
81 Name David L. Field
82 Street Address (P.O. Box Number is Not Acceptable) 1215 Huntington Lane
83
84 City Safety Harbor FL 85 Zip Code 34695

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *David L. Field* DATE **4/29/98**

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DP	
NAME	JANECKI, DEBORAH	
STREET ADDRESS	8496 BARDMOOR PL	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COOPER, ROBERT M.	
STREET ADDRESS	411 TURNER ST.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WAGENSEIL, ROBERT A. J	
STREET ADDRESS	1615 FIRST ST	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, LESLIE ANN	
STREET ADDRESS	501 COFFEE POT RIVERA NE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WOOLDRIDGE, JAN	
STREET ADDRESS	10847 INDIAN HILLS CRT #28	
CITY-ST-ZIP	ST PETESBURG FL	
TITLE	DM	<input checked="" type="checkbox"/> DELETE
NAME	RECTOR, REBECCA K.	
STREET ADDRESS	411 TURNER ST.	
CITY-ST-ZIP	CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.1 TITLE	VP/D	
1.2 NAME	NORMAN HARRIS II, M.D.	
1.3 STREET ADDRESS	155 PALMETTO	
1.4 CITY-ST-ZIP	BELLEAIR, FL 34616	
2.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DIANE MALTBY	
2.3 STREET ADDRESS	36 COUNTRY CLUB DR.	
2.4 CITY-ST-ZIP	LARGO, FL 33771	
3.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROBERT WAGENSEIL	
3.3 STREET ADDRESS	1615 FIRST ST	
3.4 CITY-ST-ZIP	INDIAN ROCKS BEACH, FL	
4.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOEL BRISKMAN	
4.3 STREET ADDRESS	66 MIDWAY ISLAND	
4.4 CITY-ST-ZIP	CLEARWATER, FL 33767	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Janet M. Maltby* DATE: **4/30/98**

CR2E037 (1097)