

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90042 027 ****61.25

DOCUMENT # N01000007880

1. Entity Name

SAMARITAN COUNSELING CENTER, INC.

Principal Place of Business

Mailing Address

**3119 NW 75TH TERR
 GAINESVILLE FL 32606**

**3119 NW 75TH TERR
 GAINESVILLE FL 32606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

80-0024935

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**ADDIS, SUSAN
 3119 NW 75TH TERR
 GAINESVILLE FL 32606**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
 NAME **ARMSTRONG, SUSAN**
 STREET ADDRESS **2831 NW 41ST ST, SUITE J**
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **D** ☐ Delete
 NAME **LYDA, CLIFF**
 STREET ADDRESS **1001 NE 16TH AVE**
 CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE **D** ☐ Delete
 NAME **SHAHAN, JOHN**
 STREET ADDRESS **2640 NW 27 TERR**
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Executive Director** ☐ Change ☒ Addition
 NAME **Susan Addis, PhD**
 STREET ADDRESS **3119 NW 75th Terr**
 CITY-ST-ZIP **Gainesville, FL 32606**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Susan Addis, PhD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-2002 352 381-5577

Date Daytime Phone #

CR2E037 (9/01)