## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N0100007880

1. Entity Name

SAMARITAN COUNSELING CENTER, INC.



**FILED** Apr 09, 2003 8:00 am Secretary of State

04-09-2003 90122 034 \*\*\*\*61.25

Principal Plac	e of Business	Mailing Address		· · ,				
3119 NW 75TH GAINESVILLE I		3119 NW 75TH TERR GAINESVILLE FL 32606			,	<b>.</b>		
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2. Principal P	lace of Business	3. Mailing Address						
,	JE 16th AVE.			F 1000 F 1101	######################################	811) E811; IE881 18191 191		
Suite, Apt.		Suite, Apt. #, etc.			X CHECK HERE IF MA	KING CHANGES		
City & Stat	sville Fl.	City & State		4. FEI Numbe	° 80-0024935	<u> </u>	plied For t Applicable	
Zip 3260	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Add		
<u> </u>	6. Name and Address of Current F	I		7. Name and	Address of New Registe	ered Agent		
un .	20 January 12 January	ين الرام الروار المعاد الم	Name					
ADDIS, SUSAN			<b></b>	Street Address (P.O. Box Number is Not Acceptable)				
	75TH TERR							
GAINESV	ILLE FL 32606							
			City			FL Zip Code		
	named entity submits this statement for	the purpose of changing its	registered office or	registered agent, or bot	n, in the State of Florida.	I am familiar with, a	and accept	
the obligat	ions of registered agent.	~ ~ 10	•		1.			
SIGNATURE	Lusan ad	dis PAN			4-	8-03		
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signatu	re required when reinstating)	C	DATE		
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	i-	7 F						
I	FILE NOW: FEE IS \$61.25		npaign Financing	\$5.00 May B	<sub>e</sub> Make C	heck Payable 1	to	
I	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund C		\$5.00 May B Added to Fees		heck Payable te partment of S		
		Trust Fund Co	ontribution.	Added to Fees	Florida Do	epartment of S	tate	
10.	OFFICERS AND DIR	Trust Fund Co	ontribution.	Added to Fees  ADDITIONS/CHA  Member	Florida Do	epartment of S	tate	
	OFFICERS AND DIR	Trust Fund Co	ontribution.	Added to Fees  ADDITIONS/CH/ Member George W	Florida Do	epartment of S	tate	
10.	OFFICERS AND DIR D LYDA, CLIFF 1001 NE 16TH AVE	Trust Fund Co	11.	ADDITIONS/CH/ Member George W	Florida Do  ANGES TO OFFICERS AN  Director  Barnard  6th Terr.	epartment of S  ND DIRECTORS IN  Change	tate	
10. TITLE NAME	OFFICERS AND DIR  D LYDA, CLIFF 1001 NE 16TH AVE GAINESVILLE FL 32601	Trust Fund Co	11, TITLE NAME	Added to Fees  ADDITIONS/CHA  Member  George W  1725 SW  Gaines vill	Florida Do	epartment of S  ND DIRECTORS IN  Change	10 S	
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIR  D LYDA, CLIFF 1001 NE 16TH AVE GAINESVILLE FL 32601 D	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees  ADDITIONS/CH/ Member George W 1725 SW 6ainesvill	Florida De Florida De ANGES TO OFFICERS AN DE TROCTOR Barnard 6th Terr.  e, Fl. 326	epartment of S  ND DIRECTORS IN  Change	tate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIR  D LYDA, CLIFF 1001 NE 16TH AVE GAINESVILLE FL 32601  D SHAHAN, JOHN	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees  ADDITIONS/CH/ Member George W 1725 SW 6ainesvill	Florida De Florida De ANGES TO OFFICERS AN DE TROCTOR Barnard 6th Terr.  e, Fl. 326	Epartment of S	10 S	
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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:

4-8-03 352381-5577