

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

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

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

**DOCUMENT # N01000007880**

1. Entity Name  
**SAMARITAN COUNSELING CENTER, INC.**



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

**1001 NE 16th Ave.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Gainesville, FL**

City & State

Zip

Country

**32601**

Country

4. FEI Number **80-0024935**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Susan Addis, PhD*

**4-8-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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 **ED** ☐ Delete  
NAME **ADDIS, SUSAN-Ph.D**  
STREET ADDRESS **3119 NW 75TH TERR**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

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 **Member - Director** ☐ Change ☒ Addition  
NAME **George W. Barnard**  
STREET ADDRESS **1725 SW 6th Terr.**  
CITY-ST-ZIP **Gainesville, FL 32601**

TITLE **Treasurer** ☐ Change ☒ Addition  
NAME **Carmen Cuenca**  
STREET ADDRESS **709 NW 84th St.**  
CITY-ST-ZIP **Gainesville, FL 32601**

TITLE **Member - Director** ☐ Change ☒ Addition  
NAME **Jane Huffman**  
STREET ADDRESS **4000 NW 53rd Ave.**  
CITY-ST-ZIP **Gainesville, FL 32653**

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

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

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

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*

**4-8-03**

**352 381 5577**

CR2E037 (10/02)