

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:39

DOCUMENT # N21756 (4)

1. Corporation Name

SAMARITAN SERVICES OF GREATER SUN CITY CENTER, I
NC.

Principal Place of Business

Mailing Address

916 PEBBLE BEACH BLVD
P.O. BOX 5254
SUN CITY CENTER FL 33573

916 PEBBLE BEACH BLVD
P.O. BOX 5254
SUN CITY CENTER FL 33573

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1987

3a. Date of Last Report

01/25/1994

4. FEI Number

59-2878178

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for Intangible tax under S. 199.032,
Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, WALTER R.
403 S BROCKFIELD DR
SUN CITY CENTER FL 33570

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	RAGLAND, MACK D.
STREET ADDRESS	110 WINTERSONG
CITY-ST-ZIP	SUN CITY CENTER FL
TITLE	PD
NAME	SMITH, WALTER R.
STREET ADDRESS	403 S. BROCKFIELD DR.
CITY-ST-ZIP	SUN CITY CENTER FL
TITLE	VPD
NAME	HEALEY, DORIS
STREET ADDRESS	628 OAKMONT
CITY-ST-ZIP	SUN CITY CENTER FL
TITLE	D
NAME	CURTISS, CHARLES D.
STREET ADDRESS	411 SMITHFIELD LA.
CITY-ST-ZIP	SUN CITY CENTER FL
TITLE	D
NAME	MELOY, DOROTHY M.
STREET ADDRESS	708 THUNDERBIRD AVE.
CITY-ST-ZIP	SUN CITY CENTER FL
TITLE	D
NAME	KNORP, ROBERT P.
STREET ADDRESS	239 GLOUCESTER BLVD.
CITY-ST-ZIP	SUN CITY CENTER FL

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	Carnahan, Robert	
1.3 STREET ADDRESS	1609 Cloister Dr.	
1.4 CITY-ST-ZIP	Sun City Center, FL.	
2.1 TITLE	VPD	☐ Change ☒ Addition
2.2 NAME	Jones, Melvin	
2.3 STREET ADDRESS	233-176 Gloucester Blvd	
2.4 CITY-ST-ZIP	Sun City Center, FL.	
3.1 TITLE	T	☐ Change ☒ Addition
3.2 NAME	Meloy, Charles	
3.3 STREET ADDRESS	708 Thunderbird	
3.4 CITY-ST-ZIP	Sun City Center, FL.	
4.1 TITLE	SD	☐ Change ☒ Addition
4.2 NAME	McGrath, John	
4.3 STREET ADDRESS	2036 Hampstead Circle	
4.4 CITY-ST-ZIP	Sun City Center, FL.	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	Williamson, Walter	
5.3 STREET ADDRESS	1417 Ingram	
5.4 CITY-ST-ZIP	Sun City Center, FL.	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John F. McGrath, Secretary
JOHN F. McGRATH, SECRETARY

1-23-95

813-634-9283

Date

Anytime Before 2