

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

APPROVED
AND
FILED

95 APR 26 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N24875 (9)

1. Corporation Name

**SAMARITAN COUNSELING CENTER OF NORTH CENTRAL FLO
RIDA, INC.**

Principal Place of Business

Mailing Address

C/O MYRTICE R. WALDO
2727 NW 43RD STREET
GAINESVILLE FL 32606

C/O MYRTICE R. WALDO
2727 NW 43RD STREET
GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1988

3a. Date of Last Report

05/01/1994

4. FBI Number

59-2876192

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 Samaritan Center

26 Samaritan Center

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1001 NW 98th Street

27 1001 NW 98th Street

City & State

City & State

23 Gainesville, Florida

28 Gainesville, Florida

Zip

Country

Zip

Country

24 32606

25

29 32606

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALDO, MYRTICE R.
2727 N.W. 43RD STREET
GAINESVILLE FL 32606

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
MYRTICE, WALDO
2727 NW 43RD ST
GAINESVILLE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DS
QUINCEY, CONNIE
1934 NW 32ND TERR
GAINESVILLE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

DS
Ireland, Linda
11129 NW 12th Place
Gainesville, FL 32606

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
MELLER, SCARLOTT
P.O. BOX 147006 N/A
GAINESVILLE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

DT
Malkemes, Keith
4035 NW 43rd Street
Gainesville, FL 32606

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
PITTMAN, DAVID
100 NE 1ST STREET
GAINESVILLE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

DP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE

Keith O. Malkemes

Keith O. Malkemes

1/26/95

904-332-4848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #