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Apr 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N24875 (9)

1. Corporation Name

SAMARITAN COUNSELING CENTER OF NORTH CENTRAL FLO
RIDA, INC.

Principal Place of Business

SAMARITAN CENTER
1001 NW 98TH STREET
GAINESVILLE FL 32606
US

Mailing Address

SAMARITAN CENTER
1001 NW 98TH STREET
GAINESVILLE FL 32606-5503
US

3. Date Incorporated or Qualified
02/17/1988

3a. Date of Last Report
04/11/1996

2. Principal Place of Business

21 1001 NW 98th Street

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

4. FEI 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

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
Richard C. Horn, D.Min., LMFT
82 Street Address (P.O. Box Number is Not Acceptable)
1001 NW 98th Street
83
84 City
Gainesville FL 85 Zip Code
32606

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Richard C. Horn* Richard C. Horn, D.Min., LMFT Director 4/21/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MYRTICE, WALDO	
STREET ADDRESS	2727 NW 43RD ST	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	IRELAND, LINDA	
STREET ADDRESS	11129 NW 12TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MALKEMES, KEITH	
STREET ADDRESS	4035 NW 43RD STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	PITTMAN, DAVID	
STREET ADDRESS	100 NE 1ST STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Executive Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Richard C. Horn, D.Min., LMFT	
1.3 STREET ADDRESS	1001 NW 98th Street	
1.4 CITY-ST-ZIP	Gainesville, FL 32606	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or on an attachment with an address.

SIGNATURE: *Richard C. Horn* REQUIRED Richard C. Horn, D.Min., LMFT Executive Director 4/21/97 352-332-4848
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0010986

CR2E037 (9/96)