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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24875

1. Corporation Name

SAMARITAN COUNSELING CENTER OF NORTH CENTRAL FLORIDA, INC.

Principal Place of Business

1001 NW 98TH ST
1001 NW 99TH STREET
GAINESVILLE FL 32606
US

Mailing Address

SAMARITAN CENTER
1001 NW 98TH STREET
GAINESVILLE FL 32606
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 100 NE 1st Street	26 100 NE 1st Street	02/17/1988
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2876192
City & State	City & State	Applied For
23 Gainesville, FL	28 Gainesville, FL	Not Applicable
Zip	Zip	5. Certificate of Status Desired
24 32601	29 32601	<input type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
25	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HORN, RICHARD C LMFT
1001 NW 98TH STREET
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name	Keith O. Malkemes	
82 Street Address (P.O. Box Number is Not Acceptable)	3520 NW 43rd Street	
83		
84 City	Gainesville	85 Zip Code
	FL	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 Keith O. Malkemes, CPA DATE 4/18/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Interim Director
NAME	HORN, RICHARD C D.MIN	1.2 NAME	Mary S. Saxon, LMHC
STREET ADDRESS	1001 NW 98TH STREET	1.3 STREET ADDRESS	100 NE 1st Street
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	Gainesville, FL 32601
TITLE	DS	2.1 TITLE	
NAME	IRELAND, LINDA	2.2 NAME	
STREET ADDRESS	11129 NW 12TH PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	
NAME	MALKEMES, KEITH	3.2 NAME	
STREET ADDRESS	4035 NW 43RD STREET	3.3 STREET ADDRESS	3520 NW 43rd Street
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	Gainesville, FL 32606
TITLE	DP	4.1 TITLE	
NAME	PITTMAN, DAVID	4.2 NAME	
STREET ADDRESS	100 NE 1ST STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Keith O. Malkemes SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/99 352-338-0611

Date

Daytime Phone #

CR2E037 (11/98)