

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000005047 (5)

1. Corporation Name

SAMARITAN COUNSELING CENTER OF SOUTHWEST FLORIDA
, INC.



Principal Place of Business

Mailing Address

4714 CAPE CORAL PARKWAY
CAPE CORAL FL 33904

4714 CAPE CORAL PARKWAY
CAPE CORAL FL 33904

3. Date Incorporated or Qualified

10/10/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 2437 McGregor Blvd
Suite, Apt. #, etc.

26 P.O. Box 60622
Suite, Apt. #, etc.

4. FEI Number

65-0539869

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

22

27

City & State

City & State

23 Ft. Myers, FL

28 FORT MYERS, FL

24 33901 25 Country

29 33906 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROOSA, RICHARD V. S
1714 CAPE CORAL PARKWAY
CAPE CORAL FL 33904

81 Name

Beverly Grady

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

2080 McGregor Blvd

83

84

Fort Myers

FL

85 Zip Code

33901

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

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 PD ☐ DELETE

NAME MERRILL, PATRICIA
STREET ADDRESS 900 BAL HARBOR BLVD.
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE TD ☐ DELETE

NAME MOORE, LINDA
STREET ADDRESS 8191 COLLEGE PARKWAY, SUITE 302
CITY-ST-ZIP FORT MYERS FL 33919

TITLE SD ☐ DELETE

NAME GRADY, BEVERLY
STREET ADDRESS 2080 MC GREGOR BLVD.
CITY-ST-ZIP FORT MYERS FL 33901-3419

TITLE VICE PRESIDENT ☐ DELETE

NAME ~~BOLLINGER, BETH~~ Christopher F. Ferrer
STREET ADDRESS 2002 DEL PRADO BLVD. S South Florida Bank
CITY-ST-ZIP CAPE CORAL FL 33904 P.O. Box 8529
Fort Myers, FL 33902

TITLE D ☐ DELETE

NAME DETTMAN, GEORGE
STREET ADDRESS 8570 CYPRESS LAKE DRIVE
CITY-ST-ZIP FORT MYERS FL 33919

TITLE D ☐ DELETE

NAME DRASS, EDWARD F
STREET ADDRESS 1524-C HANCOCK BRIDGE PARKWAY
CITY-ST-ZIP CAPE CORAL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/96

941-481-7400

CR2E037 (12/95)