

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 13 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

2437 MCGREGOR BLVD
FT MYERS FL 33901
US

2439 MCGREGOR BLVD
FT MYERS FL 33901-305
US

3. Date Incorporated or Qualified

10/10/1994

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

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year intangible

Personal Property Tax due June 30.

☐

Yes

☒

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

GRADY, BEVERLY
2080 MCGREGOR BLVD
FT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name

John C. Sumner

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

Samaritan Counseling Center

83

2439 McGregor Blvd.

84 City

Fort Myers

FL

85 Zip Code

33901-3305

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

John C. Sumner

(NOTE: Registered Agent signature required when reinstating)

Aug 5, 1998

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MERRILL, PATRICIA
STREET ADDRESS 6645 NE MASTERS AVE
CITY-ST-ZIP ARCADIA FL

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 VP ☐ DELETE

NAME FERRER, CHRISTOPHER
STREET ADDRESS P O BOX 2529 N/A
CITY-ST-ZIP FT MYERS FL

TITLE M ☐ DELETE

NAME SUMNER, JOHN C
STREET ADDRESS 2439 MCGREGOR BLVD
CITY-ST-ZIP FORT MYERS FL 05

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 PD ☒ Change ☐ Addition

1.2 NAME Rev. C. Thomas Snapp
1.3 STREET ADDRESS 3751 Estero Blvd.
1.4 CITY-ST-ZIP Fort Myers Beach, FL 33931

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME Elizabeth Daniel
2.3 STREET ADDRESS 6416 Emerald Pines Circle
2.4 CITY-ST-ZIP Fort Myers, FL 33912

3.1 TITLE TD ☒ Change ☐ Addition

3.2 NAME Edward F. Drass, M.D.
3.3 STREET ADDRESS 1524-C Hancock Bridge Pkwy.
3.4 CITY-ST-ZIP Cape Coral, FL 33990

4.1 TITLE SD ☒ Change ☐ Addition

4.2 NAME Patricia Merrill
4.3 STREET ADDRESS 6645 NE Masters Ave.
4.4 CITY-ST-ZIP Arcadia, FL 34266

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE D ☒ Change ☐ Addition

6.2 NAME Vera Bergermann, Esq.
6.3 STREET ADDRESS 2222 Second Street
6.4 CITY-ST-ZIP Fort Myers, FL 33901

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(b), 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:

John C. Sumner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 5, 1998 (941) 334-4277
Date Daytime Phone #

CR2E037 (5/98)