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Secretary of State

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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 # N95000005715

1. Corporation Name

SAMARITAN CENTER OF MIAMI, INC.

Principal Place of Business

C/O ST. SIMON'S EPISCOPAL CHURCH
 10950 SW 34TH ST.
 MIAMI FL

Mailing Address

10950 SW 34 ST
 MIAMI FL 33165
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/01/1995

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0637214

Applied For
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORBISHLEY, DEBORAH S
 1100 MIAMI CENTER
 201 S. BISCAYNE BLVD.
 MIAMI FL 33131-4327

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **D BRUMBAUGH, CAROLINE**
 STREET ADDRESS **9050 SW 52 AVENUE**
 CITY-ST-ZIP **MIAMI FL**

1.1 TITLE Change Addition
 1.2 NAME **THE REV. JOANNE KATON, SSJD**
 1.3 STREET ADDRESS **14260 Old cutter Road**
 1.4 CITY-ST-ZIP **Miami, FL 33158**

TITLE DELETE
 NAME **DP CLARK, MARION**
 STREET ADDRESS **8601 CARIBBEAN BOULEVARD**
 CITY-ST-ZIP **MIAMI FL**

2.1 TITLE Change Addition
 2.2 NAME **DANDA (CAMPBELL) TAYLOR**
 2.3 STREET ADDRESS **2548 Taluga Drive**
 2.4 CITY-ST-ZIP **Miami, FL 33133**

TITLE DELETE
 NAME **D BUSTO, MERCEDES**
 STREET ADDRESS **370 MINOREA AVE**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

3.1 TITLE Change Addition
 3.2 NAME **D Sergio FERNANDEZ**
 3.3 STREET ADDRESS **5742 SW 31 street**
 3.4 CITY-ST-ZIP **Miami, FL 33155**

TITLE DELETE
 NAME **D SAPP, JANE**
 STREET ADDRESS **11396 SW 86TH LANE**
 CITY-ST-ZIP **MIAMI FL 33173**

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

TITLE DELETE
 NAME **D PEDROREDONDO, JOSE**
 STREET ADDRESS **1150 NW 72 AVENUE SUITE 450**
 CITY-ST-ZIP **MIAMI FL**

5.1 TITLE Change Addition
 5.2 NAME **D Gwen Wagner**
 5.3 STREET ADDRESS **5600 SW 93 Street**
 5.4 CITY-ST-ZIP **Miami, FL 33156**

TITLE DELETE
 NAME **D SANKOWS, ROSA**
 STREET ADDRESS **4160 SW 99 AVE NW**
 CITY-ST-ZIP **MIAMI FL**

6.1 TITLE Change Addition
 6.2 NAME **D The Rev. Charles E. Taylor**
 6.3 STREET ADDRESS **2548 Taluga Drive**
 6.4 CITY-ST-ZIP **Miami FL 33133**

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: *X [Signature]* SIGNATURE REQUIRED

4/26/99 305/667-4200

CR2E037 (1/198)