

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90077 004 ****61.25

DOCUMENT # N95000005715

1. Entity Name

SAMARITAN CENTER OF MIAMI, INC.

Principal Place of Business

Mailing Address

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

10950 SW 34 ST
 MIAMI FL 33165-3542
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0637214

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BRUMBAUGH, CAROLINE	
STREET ADDRESS	9050 SW 52 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CLARK, MARION	
STREET ADDRESS	8601 CARIBBEAN BOULEVARD	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUSTO, MERCEDES	
STREET ADDRESS	370 MINOREA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	KATON, JOANNE REV	
STREET ADDRESS	14260 OLD CUTTER RD	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEDROREDONDO, JOSE	
STREET ADDRESS	1150 NW 72 AVENUE SUITE 450	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANKOWS, ROSA	
STREET ADDRESS	4160 SW 99 AVE NW	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	The Rev. Joanne Katon, SSJD	
STREET ADDRESS	14260 Old Cutler Road	
CITY-ST-ZIP	Miami, FL 33158	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	The Rev. Andy (Charles) Taylor	
STREET ADDRESS	2598 Taluga Drive	
CITY-ST-ZIP	Miami, FL 33133	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sergio Fernandez	
STREET ADDRESS	5772 SW 31 Street	
CITY-ST-ZIP	Miami, FL 33155	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gwen Wagner	
STREET ADDRESS	5600 SW 93 Street	
CITY-ST-ZIP	Miami, FL 33156	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nancy Getten	
STREET ADDRESS	785 Crandon Blvd. #1202	
CITY-ST-ZIP	Key Biscayne, FL 33149	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)