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FILED
Jun 01 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 # **N97000002104 (4)**

1. Corporation Name

SAMARITAN CREDIT COUNSELORS, INC.



Principal Place of Business

Mailing Address

**5329 DIPLOMAT CIRCLE
SUITE C
ORLANDO FL 32810**

**5329 DIPLOMAT CIRCLE
SUITE C
ORLANDO FL 32810**

3. Date Incorporated or Qualified

04/12/1997

4. FEI Number

59-3440679

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 611 North Wymore Road
Suite, Apt. #, etc.

26 611 North Wymore Road
Suite, Apt. #, etc.

22 Suite # 96

27 Suite # 96

City & State

City & State

23 Winter Park FL
Zip Country

28 Winter Park FL
Zip Country

24 32789 25 Orange

29 32789 30 Orange

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHAW, THOMAS C
605 E. ROBINSON STREET
SUITE 510
ORLANDO FL 32801**

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 **D** ☐ DELETE
NAME **PHILLIPS, MARGIE O**
STREET ADDRESS **1700 DIANA ST**
CITY-ST-ZIP **WINTER PARK FL 32789**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **COY, LARRY**
STREET ADDRESS **22 WYCKWOOD COURT**
CITY-ST-ZIP **NEWTON PA 18940**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **THURSTON, JERREY**
STREET ADDRESS **173 HILL STREEYT**
CITY-ST-ZIP **CASSELBERRY FL 32707**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **THURSTON, JERREY A**
STREET ADDRESS **105 GREEN LAKE CIRCLE**
CITY-ST-ZIP **LONGWOOD FL 32779**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE: **Jerrey Thurston, President**

CR2E037 (10/97)