NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

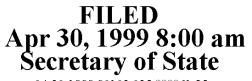
Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9700002104

1. Corporation Name

SAMARITAN CREDIT COUNSELORS, INC.

Principal Place of Business	Mailing Address
11 N WYMORE RD TE 96 KINTER PARK FL 32789	611 N WYMORE RD STE 96 Winter Park FL 32789 US



04-30-1999 90103 035 ****61.25



STE 96 WINTER PARK FL 32789 US STE 96 WINTER PARK FL 32789 US								
2. Principal P	lace of Business.	2a. Mailing Address			3. Date Incorporated or Qualifed			
21		26			04/12/1997			
Suite, Apt.		Suite, Apt. #, etc.	<u>.</u> -		4. FEI Number 59-3440679	<u></u>	oplied For ot Applicable	
City & State	e . , . , . , . ,	City & State		<u> </u>	5. Certifcate of Status Desired	\$8.75 A		
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00	May Be	
24	25	29 30	i)		Trust Fund Contribution	Added t		
	9. Name and Address of Currer				10. Name and Address of New Registered	Agent		
			81	Name				
SHAW, THOMAS C			82	82 Street Address (P.O. Box Number is Not Acceptable)				
	BINSON STREET		\					
SUITE 510			83					
	FL 32801		84	City		85 Zip (Code	
<u> </u>					FL	لـــ		
office or r	registered agent, or both, in the State im familiar with, and accept the obligation	of Florida, Such change was suith	ODZEM DV	the cornoratio	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoin	itment as re	gistered	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re-	gistered Ager	it signature require	ed when reinstating) DATE			
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition	
NAME	PHILLIPS, MARGIE O		1.2 NAME	}				
STREET ADDRESS	1700 DIANA ST		1.3 STREE	F ADDRESS				
CITY-ST-ZIP	WINTER PARK FL 32789		1.4 CITY-S	T-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE			Change	☐ Addition	
NAME	COY, LARRY		2.2 NAME					
STREET ADDRESS	I -		2.3 STREE	TADDRESS				
CITY-ST-ZIP	NEWTON PA 18940		2. 4 CITY-5	T-ZIP		Change	Addition	
TITLE	D	☐ DELETE	3.1 TITLE		`	- Cusuge		
NAME	THURSTON, JERREY		3.2 NAME					
STREET ADDRESS		* · · · *		TADORESS				
CITY-ST-ZIP	CASSELBERRY FL 32707	☐ DELETE	3.4. CITY-5 4.1 TITLE	51-ZIP		Change	Addition	
NAME	THURSTON, JERREY A	<u></u>	4. 2 NAME	}		_		
STREET ADDRESS		į		FADDRESS	44			
CITY-ST-ZIP	LONGWOOD FL 32779		4.4 CITY-S			<u> </u>	- <u>- </u>	
πιε		☐ DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME					
STREET ADORESS	·			TADDRESS	•			
CITY-ST-ZIP			5.4 CITY-S	T- ZIP	<u> </u>		□ Addi#==	
TITLE (1) 4	The production of the	DELETE	6.1 TITLE			☐ Change	☐ Addition	
NAME			62 NAME	TADDOECC				
STREET ADDRESS	``````			TADDRESS				
CITY-ST-ZIP	1		6.4 CITY-S	1-2P				

14. 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, of on an attachment with an address with all other like empowered.

SIGNATURE: