

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90018 021 ****61.25

0051490

DOCUMENT # N97000002150 ✓

1. Corporation Name

THE SAMARITAN COUNSELING CENTER OF TAMPA, INC.

Principal Place of Business

2604 WEST AZEELE ST
TAMPA FL 33609
US

Mailing Address

C/O PALMA CEIA PRESBYTERIAN CHURCH
3501 SAN JOSE STREET
TAMPA FL 33619

585395-90018-21 5 *



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/15/1997	
2 City & State		27 City & State		4. FEI Number	
3 Zip		28 Zip		59-3470700	
Country		Country		Applied For	
25		29		Not Applicable	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		5. Certificate of Status Desired	
DEBEVOISE, JOHN T DR.		81 Name		<input type="checkbox"/> \$8.75 Additional Fee Required	
C/O PALMA CEIA PRESBYTERIAN CHURCH		82 Street Address (P.O. Box Number is Not Acceptable)		<input type="checkbox"/> \$5.00 May Be Added to Fees	
3501 SAN JOSE STREET		83		6. Election Campaign Financing	
TAMPA FL 33619		84 City		<input type="checkbox"/> Trust Fund Contribution	
		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	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTRON, TAMMY	1.2 NAME	
STREET ADDRESS	2502 SIMMS BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DE BEVOISE, EMALIE	2.2 NAME	SD
STREET ADDRESS	813. BOXMERE RD	2.3 STREET ADDRESS	Wallof, William B.
CITY-ST-ZIP	TAMPA FL 33609	2.4 CITY-ST-ZIP	4206 Granada
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAPLOW, DOUGLAS	3.2 NAME	
STREET ADDRESS	851 SOUTH BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	3.4 CITY-ST-ZIP	
TITLE	ED <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONSOUR, DR J V	4.2 NAME	
STREET ADDRESS	2604 AZEELE ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	PD
STREET ADDRESS		5.3 STREET ADDRESS	Munday, Katherine
CITY-ST-ZIP		5.4 CITY-ST-ZIP	5128 Socrum Loop Road
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D
STREET ADDRESS		6.3 STREET ADDRESS	Griffiths, Michael
CITY-ST-ZIP		6.4 CITY-ST-ZIP	2914 W. Knights Ave.

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:

John V. Monsour REQUIRED *John V. MONSOUR* 7/1/99 813 872-7184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (11/98)