

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90101 033 \*\*\*\*61.25

**DOCUMENT # N97000002150**

1. Entity Name

**THE SAMARITAN COUNSELING CENTER OF TAMPA BAY, IN C.**

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**

2. Principal Place of Business

3. Mailing Address  
**2604 West Azeele Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Tampa, Florida 33609**

4. FEI Number

**59-3470700**

Applied For

Not Applicable

Zip

Country

**33609**

Country

**US**

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

**MONSOUR, JOHN V  
2604 WEST AZEELE STREET  
TAMPA FL 33609**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
min. will be \$236.25.**

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 NAME STREET ADDRESS CITY-ST-ZIP	VD MEISTER, JOAN 3010 SOUTH WESTSHORE BLVD TAMPA FL 33629 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HART, DONALD S. 4308 BEACHWAY DRIVE TAMPA FL 33609 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TAPLOW, DOUGLAS 851 SOUTH BLVD TAMPA FL 33606 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED MONSOUR, DR J V 2604 AZEELE ST TAMPA FL 33609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAPLOW, LORI 851 SOUTH BLVD TAMPA FL 33606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFITHS, MICHAEL 2914 W KNIGHTS AVE TAMPA FL 33611 <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Ashley Merrill 3322 N. San Miguel Tampa, Florida 33629 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Zebrab D. Frazier-Hill 18718 Chemile Dr. Lutz, Florida 33549 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Roberta Clark 3820 Azeele St. #102 Tampa, Florida 33609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*John V. Monsour*

**John V. Monsour, Director**

**9/11/02**

CR2E037 (4/02)