

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002150

FILED
Jan 06, 2008
Secretary of State

Entity Name: THE SAMARITAN COUNSELING CENTER OF TAMPA BAY, INC.

Current Principal Place of Business:

2604 WEST AZEELE ST
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

2604 WEST AZEELE ST
TAMPA, FL 33609 US

New Mailing Address:

2604 WEST AZEELE STREET
TAMPA, FL 33609

FEI Number: 59-3470700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONSOUR, DR. JOHN V
2604 WEST AZEELE STREET
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BORTWICK, ANGELA
Address: 2925 W. SAN JOSE ST.
City-St-Zip: TAMPA, FL 33629

Title: SD () Delete
Name: CARWRIGHT, GARY
Address: 2202 WILDWOOD HOLLOW RD
City-St-Zip: VALRICO, FL 33594

Title: ED () Delete
Name: MONSOUR, DR. JOHN V
Address: 2604 AZEELE ST
City-St-Zip: TAMPA, FL 33609

Title: TD () Delete
Name: HANCOCK, WILLIAM H
Address: 7050 SUNSET DR S # 803
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: D () Delete
Name: FARRIOR, LAURA
Address: 2907 VILLA ROSA PARK
City-St-Zip: TAMPA, FL 33611

Title: VD () Delete
Name: TAPLOW, LORI
Address: 851 S. BOULEVARD
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. JOHN V. MONSOUR

ED

01/06/2008

Electronic Signature of Signing Officer or Director

Date