## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000004168

FILED May 09, 2007 Secretary of State

Entity Name: SAMARITAN COUNSELING SERVICES OF THE GULF COAST, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

3224 BEE RIDGE ROAD SARASOTA, FL 34239

**Current Mailing Address: New Mailing Address:** 

3224 BEE RIDGE ROAD SARASOTA, FL 34239

FEI Number: 59-3457923 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOWELL, RICHARD O 3224 BEE RIDGE ROAD SARASOTA, FL 34239 US

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:

Name:

Address:

City-St-Zip:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete AARON, FRED MR AARON, FRED MR Name: Name:

2660 DICK WILSON DR 634240 Address: 2660 DICK WILSON DR Address: City-St-Zip: SARASOTA, FL 34238 City-St-Zip: SARASOTA, FL. 34238

(X) Change ( ) Addition Title: () Delete Title: SLOCUM, JAMES L DR Name: SLOCUM, JAMES L DR Name: Address: Address:

1775 ARLINGTON ST STE 3 1775 ARLINGTON ST STE 3 City-St-Zip: SARASOTA, FL 34238 City-St-Zip: SARASOTA, FL 34238

Title: () Delete Title: **PRES** (X) Change ( ) Addition HOWELL, JIMMY FREDERICKS, LEONA Name: Name: Address: 4048 MIRA LAGO DR. Address: 3616 36TH AVE, DR, W

City-St-Zip: SARASOTA, FL 34238 City-St-Zip: BRADENTON, FL 34205

Title: VD ( ) Delete Title: **VPRE** (X) Change ( ) Addition Name: USHER, MARK MR Name: USHER, MARK MR

2556 RINGLING BLVD 4462 MEADOW CREEK CIR Address: Address: City-St-Zip: SARASOTA, FL 34237 City-St-Zip: SARASOTA, FL 34233

Title: () Delete Title: SEC (X) Change ( ) Addition

KIRBAS, PAUL J DR DUDASH, DONNA Name: Name: 8910 PROVINCE ST 5672 ST. LOUIS AVE Address: Address: City-St-Zip: SARASOTA, FL 34240 City-St-Zip: SARASOTA, FL 34233

Title: () Delete Title: ( ) Change (X) Addition

SMITH, CORINNE MRS. Name: Address: 8295 NICE WAY SARASOTA, FL 34238 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: LEONA FREDERICKS **PRES** 05/09/2007