

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004168

FILED
Apr 15, 2009
Secretary of State

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

Current Principal Place of Business:

3224 BEE RIDGE ROAD
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

3224 BEE RIDGE ROAD
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 59-3457923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWELL, RICHARD O
3224 BEE RIDGE ROAD
SARASOTA, FL 34239 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: TRES () Delete
Name: AARON, FRED MR
Address: 2660 DICK WILSON DR
City-St-Zip: SARASOTA, FL 34238

Title: DIR () Delete
Name: SLOCUM, JAMES L DR
Address: 1775 ARLINGTON ST STE 3
City-St-Zip: SARASOTA, FL 34238

Title: PRES () Delete
Name: FREDERICKS, LEONA
Address: 1700 21ST AVE. WEST, APT 122
City-St-Zip: BRADENTON, FL 34205

Title: VPRE () Delete
Name: USHER, MARK MR
Address: 4462 MEADOW CREEK CIR
City-St-Zip: SARASOTA, FL 34233

Title: SEC () Delete
Name: DUDASH, DONNA
Address: 5672 ST. LOUIS AVE
City-St-Zip: SARASOTA, FL 34233

Title: DIR () Delete
Name: SMITH, CORINNE MRS.
Address: 8295 NICE WAY
City-St-Zip: SARASOTA, FL 34238

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TRES (X) Change () Addition
Name: SMITH, ROBERT MR
Address: 8295 NICE WAY
City-St-Zip: SARASOTA, FL 34238

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

Title: PRES (X) Change () Addition
Name: BOS, MARY BETH MS
Address: 7604 FARIWAY WOODS DRIVE
City-St-Zip: SARASOTA, FL 34238

Title: VPRE (X) Change () Addition
Name: CAIRNS, JOHN REV
Address: 2489 FEIFFER CIRCLE
City-St-Zip: SARASOTA, FL 34235

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

Title: ADMI (X) Change () Addition
Name: SMITH, CORINNE MRS.
Address: 8295 NICE WAY
City-St-Zip: SARASOTA, FL 34238

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: RICHARD O. HOWELL

AGEN

04/15/2009

Electronic Signature of Signing Officer or Director

Date