


FILE NOW: FILING FEE IS \$61.25

410

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 735186 (9)
 1. Corporation Name
FLORIDA COUNCIL FOR COMMUNITY MENTAL HEALTH, INC



Principal Place of Business 316 E PARK AVE TALLAHASSEE FL 32301 US	Mailing Address 316 E PARK AVE TALLAHASSEE FL 32301 US
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1657087	3. Date Incorporated or Qualified 03/09/1976	3a. Date of Last Report 02/03/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**BUNKLEY, BALDWIN
 316 E PARK AVE
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
 81 Name **Robert J. Constantine, Ph.D.**
 82 Street Address (P.O. Box Number is Not Acceptable)
316 East Park Avenue
 83
 84 City **Tallahassee, FL** 85 Zip Code **32301**

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 *Robert J. Constantine* **Robert J. Constantine, President, FCCMH** DATE **4/11/96**

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	POUL, LAURIE	
STREET ADDRESS	3292 COUNTY ROAD 220	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	RIGGS, THOMAS	
STREET ADDRESS	1437 S BELCHER ROAD	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	LACEY, BERT	
STREET ADDRESS	215 N 3RD ST	
CITY-ST-ZIP	LEESBURG FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MINGE, JACK	
STREET ADDRESS	4740 N STATE ROAD 7	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUNKLEY, BALDWIN	
STREET ADDRESS	316 E PARK AVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lewis Brown, Marsha	
1.3 STREET ADDRESS	12512 N. Bruce B. Downs Blvd.	
1.4 CITY-ST-ZIP	Tampa, FL 33612	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bert Lacey	
2.3 STREET ADDRESS	1745 Hwy 17 S	
2.4 CITY-ST-ZIP	Bartow, FL 33830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jim Whitaker	
3.3 STREET ADDRESS	400 E. Sheridan Rd.	
3.4 CITY-ST-ZIP	Melbourne, FL 32901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Poul Price, Laurie	
4.3 STREET ADDRESS	3292 County Rd. 220	
4.4 CITY-ST-ZIP	Middleburg, FL 32068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Robert J. Constantine, Ph.D.	
5.3 STREET ADDRESS	316 E. Park Avenue	
5.4 CITY-ST-ZIP	Tallahassee, FL 32301	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME	700001786437	
6.3 STREET ADDRESS	-04/19/96--01007--001	
6.4 CITY-ST-ZIP	***61.25	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Robert J. Constantine* DATE: **3/28/96** (904) 224-6048
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)