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Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735186 (9)

1. Corporation Name

FLORIDA COUNCIL FOR COMMUNITY MENTAL HEALTH, INC



Principal Place of Business

Mailing Address

316 E PARK AVE
TALLAHASSEE FL 32301
US

316 E PARK AVE
TALLAHASSEE FL 32301-1514
US

3. Date Incorporated or Qualified
03/09/1976

3a. Date of Last Report
04/18/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-1657087

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONSTANTINE, ROBERT J PH.D.
316 E PARK AVE
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD DELETE
NAME LEWIS BROWN, MARSHA
STREET ADDRESS 12512 N. BRUCE B. DOWNS BLVD.
CITY-ST-ZIP TAMPA FL 33612

1.1 TITLE SD Change Addition
1.2 NAME Schimmel, David
1.3 STREET ADDRESS 6075 Golden Gate Parkway
1.4 CITY-ST-ZIP Naples, FL 33999-7498

TITLE CD DELETE
NAME LACEY, BERT
STREET ADDRESS 1745 HWY. 17 S.
CITY-ST-ZIP BARTOW FL 33830

2.1 TITLE CD Change Addition
2.2 NAME Jim Whitaker
2.3 STREET ADDRESS 400 E. Sheridan Road
2.4 CITY-ST-ZIP Melbourne, FL 32901-3148

TITLE CD DELETE
NAME WHITAKER, JIM
STREET ADDRESS 400 E. SHERIDAN RD.
CITY-ST-ZIP MELBOURNE FL 32901

3.1 TITLE CD Change Addition
3.2 NAME Laurie Price
3.3 STREET ADDRESS 3292 County Road 220
3.4 CITY-ST-ZIP Middleburg, FL 32068

TITLE VD DELETE
NAME POUL PRICE, LAURIE
STREET ADDRESS 3292 COUNTY RD. 220
CITY-ST-ZIP MIDDLEBURG FL 32068

4.1 TITLE VD Change Addition
4.2 NAME Marsha Lewis Brown
4.3 STREET ADDRESS 12512 N. Bruce B. Downs Blvd.
4.4 CITY-ST-ZIP Tampa, FL 33612

TITLE PD DELETE
NAME CONSTANTINE, ROBERT J PH.D.
STREET ADDRESS 316 E. PARK AVENUE
CITY-ST-ZIP TALLAHASSEE FL 32301

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/97 (904) 224-6048

Date

Daytime Phone # 0007152

CP2E037 (9/96)