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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90264 007 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 735186**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/09/1976

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE  
NAME VD  
STREET ADDRESS SCHIMMEL, DAVID  
CITY-ST-ZIP 6075 GOLDEN GATE PARKWAY  
NAPLES FL 33999

TITLE ☒ DELETE  
NAME SD  
STREET ADDRESS ALLEN, TERRY  
CITY-ST-ZIP 1041 45TH ST  
WEST PALM BEACH FL 33407

TITLE ☒ DELETE  
NAME CD  
STREET ADDRESS LAURIE PRICE  
CITY-ST-ZIP 3292 COUNTY RD. 220  
MIDDLEBURG FL

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE SD ☒ Change ☐ Addition  
2.2 NAME Steve Ronik  
2.3 STREET ADDRESS Henderson MHC  
2.4 CITY-ST-ZIP 4740 N. SR 7, Ft. Lauderdale, 33319

3.1 TITLE CD ☒ Change ☐ Addition  
3.2 NAME Marsha Lewis Brown  
3.3 STREET ADDRESS Northside MHC  
3.4 CITY-ST-ZIP 12512 No. BB Downs Blvd.  
Tampa, FL 33612

4.1 TITLE VD ☐ Change ☒ Addition  
4.2 NAME Mary Ruiz  
4.3 STREET ADDRESS Manatee Glens Corp.  
4.4 CITY-ST-ZIP P.O. Box 9478  
Bradenton, 34206

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

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

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)