


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90210 048 ****61.25

DOCUMENT # 735186					
1. Entity 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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1657087	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SHARPE, BOB 316 EAST PARK AVE TALLAHASSEE, FL 32301				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LABARTA, MAGGIE	NAME			
STREET ADDRESS	4310 SW 13TH ST	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32608	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEMBRY, GARY	NAME			
STREET ADDRESS	1221 W. LAKEVIEW AVENUE	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32501	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RICKUS, IRENE	NAME			
STREET ADDRESS	7809 MASSACHUSETTS	STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DREGGORS, WAYNE	NAME			
STREET ADDRESS	1220 WILLIS AVENUE	STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	CITY-ST-ZIP			
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WARD, BOB	NAME			
STREET ADDRESS	12550 BISCAYNE BLVD.	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33181	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<i>PD Mike Becker</i>	NAME			
STREET ADDRESS	<i>5850 T. Gale Road, #400</i>	STREET ADDRESS			
CITY-ST-ZIP	<i>Orlando FL 32822</i>	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Bob Ward</i>			Date: <i>4/23/06</i>		Daytime Phone #: <i>850.221.6048</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

60032777



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ENTERED
 05/02/06