FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 9:06

DOCUMENT # **739141** **(0)**

1. Corporation Name

MENTAL HEALTH RESOURCE CENTER, INC.

Principal Place of Business	Mailing Address
11820 BEACH BOULEVARD P.O. BOX 19249 JACKSONVILLE FL 32216	11820 BEACH BOULEVARD P.O. BOX 19249 JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/23/1977
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1905344 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: 32246
Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: 32246
Country — 30:

9. Name and Address of Current Registered Agent

PANKEN, DAVID
11820 BEACH BOULEVARD
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name: ROBERT SOMMERS, PH.D., M.B.A.
82 Street Address (P.O. Box Number is Not Acceptable): 11820 BEACH BLVD.
83:
84 City: JACKSONVILLE FL 85 Zip Code: 32256

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Robert A Sommers — ROBERT A. SOMMERS, PRESIDENT, 2/8/95
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	D	11 TITLE	DT	☐ Change ☒ Addition
NAME	HILL, JOAN	12 NAME	JANET GARDNER	
STREET ADDRESS	11901 BEACH BLVD	13 STREET ADDRESS	11820 BEACH BOULEVARD	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	CD	21 TITLE	CD	☐ Change ☒ Addition
NAME	JOHNSON, HENRY	22 NAME	KENTON LOAR	
STREET ADDRESS	214 N HOGAN ST	23 STREET ADDRESS	10407 CENTURIAN PARKWAY N.	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	KOSTER, FRANCIS	32 NAME		
STREET ADDRESS	807 NIRA ST	33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP		
TITLE	VCD	41 TITLE		☐ Change ☐ Addition
NAME	HARTMAN, PHIL	42 NAME		
STREET ADDRESS	8000 BAYMEADOWS WAY	43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP		
TITLE	DP	51 TITLE		☒ Change ☐ Addition
NAME	PANKEN, DAVID H.	52 NAME	ROBERT SOMMERS	
STREET ADDRESS	11820 BEACH BLVD	53 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	DUNCAN, AL J	62 NAME		
STREET ADDRESS	10083 LAMAR CT	63 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP		

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)(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: Janet Gardner — JANET GARDNER — 5/23/95 — 904-642-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028418