

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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 32246
US**

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P.O. BOX 19249
JACKSONVILLE FL 32246
US**

3. Date Incorporated or Qualified

05/23/1977

3a. Date of Last Report

06/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

City & State

24

Zip

Country

Zip

Country

25

29

32245-9249

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOMMERS, ROBERT PHD MBA
11820 BEACH BLVD
JACKSONVILLE FL 32256**

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 translating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **HILL, JOAN**
STREET ADDRESS **11901 BEACH BLVD**
CITY-ST-ZIP **JACKSONVILLE FL**

11 TITLE **D** ☐ Change ☒ Addition
12 NAME **DARBY, BARBARA**
13 STREET ADDRESS **4501 CAPPER RD.**
14 CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE **CD** ☒ DELETE
NAME **JOHNSON, HENRY**
STREET ADDRESS **214 N HOGAN ST**
CITY-ST-ZIP **JACKSONVILLE FL**

21 TITLE **CD** ☐ Change ☒ Addition
22 NAME **KENTON LOAR**
23 STREET ADDRESS **10407 CENTURIAN PARKWAY N.**
24 CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE **D** ☐ DELETE
NAME **KOSTER, FRANCIS**
STREET ADDRESS **807 NIRA ST**
CITY-ST-ZIP **JACKSONVILLE FL**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE **VCD** ☒ DELETE
NAME **HARTMAN, PHIL**
STREET ADDRESS **8000 BAYMEADOWS WAY**
CITY-ST-ZIP **JACKSONVILLE FL**

41 TITLE **VCD** ☒ Change ☒ Addition
42 NAME **OWEN MAULDIN, M. D.**
43 STREET ADDRESS **653-1 WEST 8TH ST.**
44 CITY-ST-ZIP **JACKSONVILLE, FL 32209**

TITLE **SOMM** ☐ DELETE
NAME **ERS, ROBERT**
STREET ADDRESS **11820 BEACH BLVD**
CITY-ST-ZIP **JACKSONVILLE FL**

51 TITLE **D, PRESIDENT** ☒ Change ☐ Addition
52 NAME **SOMMERS, ROBERT**
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **DUNCAN, AL J**
STREET ADDRESS **10083 LAMAR CT**
CITY-ST-ZIP **JACKSONVILLE FL**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(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 Sommers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT SOMMERS
Date

904-642-9100
Telephone

CR2E037 (12/95)