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Apr 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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
US11820 BEACH BOULEVARD
P.O. BOX 19249
JACKSONVILLE FL 32245-9249
US

3. Date Incorporated or Qualified

05/23/1977

3a. Date of Last Report

02/07/1996

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

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4. FEI Number

59-1905344

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

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 D ☐ DELETENAME DABBY, BARBARA
STREET ADDRESS 4501 CAPPER ROAD
CITY-ST-ZIP JACKSONVILLE FL1.1 TITLE ☐ Change ☐ AdditionTITLE CD ☐ DELETENAME LOAR, KENTON
STREET ADDRESS 10407 CENTURIAN PARKWAY NORTH
CITY-ST-ZIP JACKAONVILLE FL1.2 NAME ☐ Change ☐ AdditionTITLE D ☐ DELETENAME KOSTER, FRANCIS
STREET ADDRESS 807 NIRA ST
CITY-ST-ZIP JACKSONVILLE FL1.3 STREET ADDRESS ☐ Change ☐ AdditionTITLE VCD ☐ DELETENAME MAULDIN, OLIN M
STREET ADDRESS 653-1 WEST 8TH STREET
CITY-ST-ZIP JACKSONVILLE FL1.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE DP ☐ DELETENAME SOMMERS, ROBERT
STREET ADDRESS 11820 BEACH BLVD
CITY-ST-ZIP JACKSONVILLE FL2.1 TITLE ☐ Change ☐ AdditionTITLE D ☐ DELETENAME DUNCAN, AL J
STREET ADDRESS 10083 LAMAR CT
CITY-ST-ZIP JACKSONVILLE FL2.2 NAME ☐ Change ☐ Addition

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 Sommers

March 28, 1997 904-642-9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0006562

CR2E037 (9/96)