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Mar 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **739141** (0)

1. Corporation Name

MENTAL HEALTH RESOURCE CENTER, INC.



Principal Place of Business 11820 BEACH BOULEVARD P.O. BOX 19249 JACKSONVILLE FL 32246 US	Mailing Address 11820 BEACH BOULEVARD JACKSONVILLE FL 32245-9249 US
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3. Date Incorporated or Qualified

05/23/1977

4. FEI Number

59-1905344

Applied For

Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P. O. Box 19249 27 Suite, Apt. #, etc. 28 Jacksonville, FL 32245 29 Zip 30 Country
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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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

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)

900 University Blvd. N., Suite 700

83

84 City

Jacksonville

FL

85 Zip Code
32211

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	<input type="checkbox"/> DELETE
NAME	DARBY, BARBARA	
STREET ADDRESS	4501 CAPPER ROAD	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	LOAR, KENTON	
STREET ADDRESS	10407 CENTURIAN PARKWAY NORTH	
CITY - ST - ZIP	JACKAONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOSTER, FRANCIS	
STREET ADDRESS	807 NIRA ST	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	MAULDIN, OLIN M	
STREET ADDRESS	653-1 WEST 8TH STREET	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SOMMERS, ROBERT	
STREET ADDRESS	11820 BEACH BLVD	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DUNCAN, ALFRED JR.	
STREET ADDRESS	10083 LAMAR CT	
CITY - ST - ZIP	JACKSONVILLE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	900 University Blvd. N., Suite 700
5.4 CITY - ST - ZIP	Jacksonville, FL 32211
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DT Mark Schou
6.3 STREET ADDRESS	4496 Southside Blvd., Suite 200
6.4 CITY - ST - ZIP	Jacksonville, FL 32216

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.

SIGNATURE: Robert Sommers Robert Sommers

(904) 743-1883

CR2E037 (10/97)