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**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90043 035 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 739141**

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

P.O. BOX 19249  
JACKSONVILLE FL 32245  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

05/23/1977

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

9. Name and Address of Current Registered Agent

SOMMERS, ROBERT PHD MBA  
900 UNIVERSITY BLVD N. SUITE 700  
JACKSONVILLE FL 32211

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

TITLE **D** ☒ DELETE  
NAME **DARBY, BARBARA**  
STREET ADDRESS **4501 CAPPER ROAD**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **CD** ☐ DELETE  
NAME **LOAR, KENTON**  
STREET ADDRESS **10407 CENTURIAN PARKWAY NORTH**  
CITY-ST-ZIP **JACKAONVILLE FL**

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

TITLE **VCD** ☐ DELETE  
NAME **MAULDIN, OLIN M**  
STREET ADDRESS **653-1 WEST 8TH STREET**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DP** ☐ DELETE  
NAME **SOMMERS, ROBERT**  
STREET ADDRESS **900 UNIVERSITY BLVD N. SUITE 700**  
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **DT** ☒ DELETE  
NAME **SCHOU, MARK**  
STREET ADDRESS **4496 SOUTHSIDE BLVD, SUITE 200**  
CITY-ST-ZIP **JACKSONVILLE FL 32216**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **Darby, Barbara**  
1.3 STREET ADDRESS **4501 Capper Road**  
1.4 CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **VCD** ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE **D** ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE **DT** ☐ Change ☒ Addition  
6.2 NAME **BREW, RICHARD**  
6.3 STREET ADDRESS **1301 RIVERPLACE BLVD, # 200**  
6.4 CITY-ST-ZIP **JACKSONVILLE, FL 32207**

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)