

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739141

FILED
Jan 11, 2005
Secretary of State

Entity Name: MENTAL HEALTH RESOURCE CENTER, INC.

Current Principal Place of Business:

900 UNIVERSITY BLVD N
STE 700
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 19249
JACKSONVILLE, FL 32245 US

New Mailing Address:

FEI Number: 59-1905344 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: LOAR, KENTON
Address: 3901 SOUTH FLAGLER DRIVE, UNIT 1005
City-St-Zip: WEST PALM BEACH, FL 33405

Title: DT () Delete
Name: LEWIS, CHARLES W DR
Address: 5307 FLEET LANDING BLVD
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D () Delete
Name: GREGOR, E. C
Address: 12874 CUNES COURT
City-St-Zip: JACKSONVILLE, FL 32225

Title: DP () Delete
Name: SOMMERS, ROBERT
Address: 900 UNIVERSITY BLVD N. SUITE 700
City-St-Zip: JACKSONVILLE, FL 32211

Title: VCD () Delete
Name: BREW, RICHARD
Address: 1301 RIVERPLACE BLVD, #200
City-St-Zip: JACKSONVILLE, FL 32207

Title: DS () Delete
Name: LECLERC, DONALD
Address: 236 HOLLY COURT
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: LOAR, KENTON
Address: 3901 SOUTH FLAGLER DRIVE, PENTHOUSE 1
City-St-Zip: WEST PALM BEACH, FL 33405

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GREGORY, E. C
Address: 12874 DUNES COURT
City-St-Zip: JACKSONVILLE, FL 32225

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT SOMMERS

DP

01/11/2005

Electronic Signature of Signing Officer or Director

Date