

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739141

FILED
Jan 18, 2007
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

Current Mailing Address:

P.O. BOX 19249
JACKSONVILLE, FL 32245 US

New Principal Place of Business:

900 UNIVERSITY BLVD N
SUITE 700
JACKSONVILLE, FL 32211 US

New Mailing Address:

P.O. BOX 19249
JACKSONVILLE, FL 322459249 US

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 PH.D.
900 UNIVERSITY BLVD N. SUITE 700
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

SOMMERS, ROBERT PH.D.
900 UNIVERSITY BLVD N.
SUITE 700
JACKSONVILLE, FL 32211 US

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:

01/18/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVC () Delete
Name: OWEN, GEORGE
Address: 50 NORTH LAURA ST., FLOOR 9
City-St-Zip: JACKSONVILLE, FL 32202

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

Title: D () Delete
Name: GREGORY, E. C
Address: 12874 DUNES 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: DC () Delete
Name: BREW, RICHARD
Address: P. O. BOX 10209
City-St-Zip: JACKSONVILLE, FL 322470209 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVC (X) Change () Addition
Name: OWEN, GEORGE
Address: 9000 SOUTHSIDE BLVD., BLDG. 300, FL93000404
City-St-Zip: JACKSONVILLE, FL 32256

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

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 Chapter 119, 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

DR.

01/18/2007

Electronic Signature of Signing Officer or Director

Date