

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 16 PM 3:13

DOCUMENT # 744144 (7)
1. Corporation Name

NORTH FLORIDA MENTAL HEALTH CENTER, INC.

Principal Place of Business Mailing Address
RT 10 BOX 418 RT 10 BOX 418
LAKE CITY FL 32055 LAKE CITY FL 32055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/05/1978 3a. Date of Last Report 05/01/1994
4. FEI Number 59-1906214 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 RT 10, Box 418 26 RT 10, Box 418
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Lake City, Fl. 28 Lake City, Fl.
Zip Country Zip Country
24 32025 25 32025 29 32025 30

9. Name and Address of Current Registered Agent
~~WOODBUM, DONALD~~
RT 10 BOX 418
MICHIGAN STREET
LAKE CITY FL 32055

10. Name and Address of New Registered Agent
81 Name ALICE JONES
82 Street Address (P.O. Box Number is Not Acceptable) RT 10, Box 418
83
84 City Lake City FL 85 Zip Code 32025

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* (Alice Jones - Board President) Date: Feb 6, 1995
NOTE: Registered Agent separates required when rotating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	President/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODBUM, DONALD L	1.2 NAME	Alice Jones
STREET ADDRESS	RT 10 BOX 418	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE CITY FL	1.4 CITY - ST - ZIP	
TITLE	DP	2.1 TITLE	VICE PRESIDENT/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ROSA	2.2 NAME	JOYCE MILLER
STREET ADDRESS	RT 10 BOX 418	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE CITY FL 32058	2.4 CITY - ST - ZIP	
TITLE	X	3.1 TITLE	SECRETARY/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASON, LILLIAN	3.2 NAME	Lillian M. Cason
STREET ADDRESS	RT 10 BOX 418	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE CITY FL 32058	3.4 CITY - ST - ZIP	
TITLE	DK	4.1 TITLE	Treasurer/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ALICE	4.2 NAME	Herman Johnson
STREET ADDRESS	RT 10 BOX 418	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE CITY, FL 0	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	Rosa Williams <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARBY, CHARLES	5.2 NAME	
STREET ADDRESS	RT 10 BOX 418	5.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE CITY, FL 0	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRETT, JACK	6.2 NAME	
STREET ADDRESS	RT 10 BOX 418	6.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE CITY, FL 0	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statute. 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 true and 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 addition.

SIGNATURE: *[Signature]* Date: 1/24/95 (904) 758-0555
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR