

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
Feb 09 1996 8:00 am  
Secretary of State

**DOCUMENT # 744144 (7)**  
1. Corporation Name  
**NORTH FLORIDA MENTAL HEALTH CENTER, INC.**



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

3. Date Incorporated or Qualified **09/05/1978** 3a. Date of Last Report **02/16/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-1906214</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
24. Zip <b>32025</b> 25. Country	29. Zip <b>32025</b> 30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**JONES, ALICE  
RT 10 BOX 418  
MICHIGAN STREET  
LAKE CITY FL 32055**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL 32025</b>
83.	
84. City	

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 officer 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ALICE	1.2 NAME	
STREET ADDRESS	RT 10 BOX 418	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE CITY FL	1.4 CITY - ST - ZIP	
TITLE	VPO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JOYCE	2.2 NAME	
STREET ADDRESS	RT 10 BOX 418	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE CITY FL	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASON, LILLIAN M.	3.2 NAME	
STREET ADDRESS	RT 10 BOX 418	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE CITY FL	3.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, HERMAN	4.2 NAME	
STREET ADDRESS	RT 10 BOX 418	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE CITY, FL 0	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ROSA	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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRETT, JACK ***** PLEASE SEE	6.2 NAME	
STREET ADDRESS	RT 10 BOX 418 ATTACHMENT FOR ADDT'L	6.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE CITY, FL 0 DIRECTORS	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 119.07(3)(k), 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: *[Signature]* 2/06/96 904-758-0555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

NORTH FLORIDA MENTAL HEALTH CENTER, INC.

ADDITIONAL DIRECTORS

Title - D  
Vince Smallwood  
Rt. 10, Box 418  
Lake City, Fl. 32025

Title - D  
James G. Lyons  
Rt. 10, Box 418  
Lake City, Fl. 32025

Title - D  
Cris Andersen  
Rt. 10, Box 418  
Lake City, Fl. 32025

Title - D  
O. J. Lake  
Rt. 10, Box 418  
Lake City, Fl. 32025

Title - D  
Stephen A. Smith  
Rt. 10, Box 418  
Lake City, Fl. 32025

Title - D  
Lillian Norris  
Rt. 10, Box 418  
Lake City, Fl. 32025

Title - D  
Virgie H. Cone  
Rt. 10, Box 418  
Lake City, Fl. 32025

Title - D  
John D. Horton  
Rt. 10, Box 418  
Lake City, Fl. 32025

Title - D  
Betty Massey  
Rt. 10, Box 418  
Lake City, Fl. 32025

Title - D  
Helen Thigpen  
Rt. 10, Box 418  
Lake City, Fl. 32025

Title - D  
Gwendolyn White  
Rt. 10, Box 418  
Lake City, Fl. 32025

Title - D  
William Jernigan  
Rt. 10, Box 418  
Lake City, Fl. 32025

Title - D  
Marlon M. Ivey  
Rt. 10, Box 418  
Lake City, Fl. 32025

Title - D  
Doyle Varnes  
Rt. 10, Box 418  
Lake City, Fl. 32025

Title - D  
Pam Howard  
Rt. 10, Box 418  
Lake City, Fl. 32025

Title - D  
Robert A. Driggers  
Rt. 10, Box 418  
Lake City, Fl. 32025

Title - D  
Chelsea Merritt  
Rt. 10, Box 418  
Lake City, Fl. 32025

Title - D  
Larry Pritchett  
Rt. 10, Box 418  
Lake City, Fl. 32025

Title - D  
Bill Bennett  
Rt. 10, Box 418  
Lake City, Fl. 32025