

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 753888 (7)**

1. Corporation Name  
**MENTAL HEALTH SERVICES FOUNDATION, INC.**

Principal Place of Business

Mailing Address

4300 S.W. 13TH ST.  
GAINESVILLE FL 32608

~~4300 S.W. 13TH ST.  
GAINESVILLE FL 32608~~

**PO BOX 141750  
GAINESVILLE FL  
32614-1750**



21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	26	<b>PO BOX 141750</b>
23	City & State	27	Suite, Apt. #, etc.
24	Zip	28	City & State <b>GAINESVILLE FL</b>
25	Country	29	Zip <b>32614-1750</b>
30		30	Country

3.	Date Incorporated or Qualified <b>08/26/1980</b>	3a.	Date of Last Report <b>02/15/1995</b>
4.	FEI Number <b>59-2932441</b>	Applied For <input type="checkbox"/> Not Applicable	
5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

**STARR, DOUGLAS L.  
4300 S.W. 13TH ST.  
GAINESVILLE FL 32608**

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

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSZEL, NORRIS</b>	1.2 NAME	
STREET ADDRESS	<b>PO BOX 5039</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STARR, DOUGLAS</b>	2.2 NAME	
STREET ADDRESS	<b>4300 S.W. 13TH STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUMMERLIN, STEVE</b>	3.2 NAME	
STREET ADDRESS	<b>1330 NW 6TH ST, STE E</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLEN, CHARLES</b>	4.2 NAME	
STREET ADDRESS	<b>3535 SW 34TH ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUNKIS, ROGER</b>	5.2 NAME	
STREET ADDRESS	<b>12161 NE 10 TERR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Ocala FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:**

*Dr. J. Starr*

**2/6/96**

**(352)375-5672**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)