

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

DOCUMENT # 770177 (4)

1. Corporation Name

THE MENTAL HEALTH CARE CENTER OF THE LOWER KEYS,  
INC.

Principal Place of Business

1205 4TH STREET  
KEY WEST FL 33041-7488

Mailing Address

1205 4TH STREET  
KEY WEST FL 33041-7488



3. Date Incorporated or Qualified  
09/09/1983

3a. Date of Last Report  
02/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2331362

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOLFE, MARSHAL  
1205 FOURTH ST  
KEY WEST FL 33040

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

1-23-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME CROWLEY, MAUREEN  
STREET ADDRESS 5901 COLLEGE ROAD  
CITY-ST-ZIP KEY WEST FL 33040

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME RUSSELL, TERESA  
STREET ADDRESS 1075 DUVAL ST.  
CITY-ST-ZIP KEY WEST FL 33040

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME CURRY, MERLIN  
STREET ADDRESS 801 EMMA ST. APT. D  
CITY-ST-ZIP KEY WEST FL 33040

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME RASMUS, REV. PAUL  
STREET ADDRESS 401 DUVAL ST.  
CITY-ST-ZIP KEY WEST FL 33040

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE MD ☐ DELETE  
NAME MAGILL, MARY  
STREET ADDRESS 5031 5TH AVE B-18  
CITY-ST-ZIP KEY WEST FL 33040

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE MD ☐ DELETE  
NAME DECASTRO, GUARIONEX  
STREET ADDRESS 3426 N ROOSEVELT BLVD  
CITY-ST-ZIP KEY WEST FL 33040

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

**MEMBERS OF THE BOARD OF DIRECTORS**  
**September 1995**

**President Maureen Crowley**  
5901 College Road  
Key West, FL 33040

Telephone: 296-9081  
X 320

**Treasurer Rev. Paul Rasmus**  
401 Duval Street  
Key West, FL 33040

Telephone: 296-5142

**Member Millie Schoneck**  
561 Navajo Drive  
Summerland Key, FL 33042

Telephone: 745-1383

**Member Joe Pinder**  
P.O. Box 1181  
Key West, FL 33040

Telephone: 296-6806

**Member Rick Roth**  
530 Whitehead Street  
Key West, FL 33040

Telephone: 292-7001

**Member Mary Magill**  
5031 5th Avenue B-18  
Key West, FL 33040

Telephone: 294-9905

**Member Jose Castillo, M.D.**  
Rt. 5 Box 5  
Big Pine Key, FL 33043

Telephone: 872-1700 (Office)

copy of minutes to:  
Ann Rhode, HRS KW Administrator  
1111 12th Street, Suite 310  
Key West, FL 33040

MW/mm/a:B002/members

**Vice-President Teresa Russell**  
1000 Kennedy Drive  
Key West, FL 33040

Telephone: 293-0004

**Secretary Merlin Curry**  
801 Emma Street  
Key West, FL 33040

Telephone: 294-1751

**Member Peter Ilchuk**  
915 Angela Street  
Key West, FL 33040

Telephone: 296-4847  
296-3464

**Member Jack Niles**  
2432 Flagler Avenue  
Key West, FL 33040

Telephone: 294-6606

**Member Guarionex DeCastro, M.D.**  
1434 Kennedy Drive, Suite 14A  
Key West, FL 33040

Telephone: 294-5557

**Member Helen Rowe**  
2100 Flagler Avenue  
Key West, FL 33040

Telephone: 293-1524  
294-6272

**Member Fanancy Anzalone, MD MPH**  
Naval Medical Clinic  
Key West, FL 33040

Telephone: 293-4547

revised dg:9/95