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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

1205 4TH STREET
KEY WEST FL 33041-7488

1205 4TH STREET
KEY WEST FL 33040-3707

3. Date Incorporated or Qualified
09/09/1983

3a. Date of Last Report
01/31/1996

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

Marshal Wolfe

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-17-97

DATE

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 PD Change Addition
1.2 NAME ILCHUK, PETER
1.3 STREET ADDRESS 915 Angela Street
1.4 CITY-ST-ZIP Key West, FL 33040

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

2.1 TITLE VD Change Addition
2.2 NAME Jack Niles
2.3 STREET ADDRESS 2432 Flagler Avenue
2.4 CITY-ST-ZIP Key West, FL 33040

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

3.1 TITLE SD Change Addition
3.2 NAME Helen Rowe
3.3 STREET ADDRESS 2100 Flagler Avenue
3.4 CITY-ST-ZIP Key West, FL 33040

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Paula A. ...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0024550

CR2E037 (9/96)