

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 # **N04792** (0)

1. Corporation Name
HANLEY - HAZELDEN CENTER AT ST. MARY'S, INC.



Principal Place of Business: **5200 EAST AVENUE W PALM BCH.F L. 33407**
Mailing Address: **5200 EAST AVENUE W PALM BCH.F L. 33407**

3. Date Incorporated or Qualified: **08/20/1984**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **59-2500657**
5. Certificate of Status Desired: **XX** \$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 **XX** No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)
21-24: Suite, Apt. #, etc., City & State, Zip, Country
25-30: Suite, Apt. #, etc., City & State, Zip, Country

9. Name and Address of Current Registered Agent
**PLANT, TIMOTHY D.
5200 EAST AVENUE
W PALM BCH.,F L. FL 33407**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VCD CHESTER, DON	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	901 45TH ST.	1.2 NAME	
STREET ADDRESS	W. PALM BCH. FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	CD ROSSIN, THOMAS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	505 SOUTH FLAGLER DRIVE, SUITE #1001	2.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	L LEWIS, LEANN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15245 PLEASANT VALLEY ROAD	3.2 NAME	
STREET ADDRESS	CENTER CITY MN	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V PLANT, TIMOTHY D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5200 EAST AVENUE	4.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	PD SPICER, JERRY	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15245 PLEASANT VALLEY RD	5.2 NAME	
STREET ADDRESS	CENTER CITY MN	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	S SINGLETON, JEREMIAH A	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5200 EAST AVENUE	6.2 NAME	
STREET ADDRESS	W. PALM BCH. FL	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: *Jeremiah Singleton* Jeremiah Singleton, Secretary 1/17/96 407/848-1666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (12/95)