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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003092

1. Corporation Name

**THE MID-FLORIDA CENTER FOR MENTAL HEALTH AND SUB
STANCE ABUSE SERVICES, INC.**

Principal Place of Business

Mailing Address

POST OFFICE BOX 33
AVON PARK FL 33826

POST OFFICE BOX 33
AVON PARK FL 33826



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 05/27/1997 4. FEI Number 59-3458995 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COX, ARTHUR J JR.
2120 STATR ROAD 17
AVON PARK FL 33825**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, CLIFTON	1.2 NAME	
STREET ADDRESS	790 WALDEN AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL 33830	1.4 CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, DESI	2.2 NAME	
STREET ADDRESS	1803 GARLAND AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33870	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT, MARVIN	3.2 NAME	
STREET ADDRESS	901 S. LOTELA AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL 33825	3.4 CITY-ST-ZIP	
TITLE	PARL <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, ARTHUR J JR	4.2 NAME	
STREET ADDRESS	2120 SR 17	4.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL 33825	4.4 CITY-ST-ZIP	
TITLE	DM <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DOUGLAS	5.2 NAME	
STREET ADDRESS	4614 SANTA BARBARA DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33872	5.4 CITY-ST-ZIP	
TITLE	DM <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGAHEE, SELVIN	6.2 NAME	
STREET ADDRESS	P.O. BOX 1302 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33871	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: X *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/99 *534-0100*

CR2E037-(1/198)