

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jul 09 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **696A00054719-120696-79600098563-1/1**

1. Corporation Name  
**Family Assistance Network of Titusville, Florida, INC. dba Psychiatric Behavioral Centers**

Principal Place of Business: **1532 KINGSLEY AVE #102 ORANGE PARK, FL 32073**

Mailing Address:

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/5/96**

4. FEI Number: **59-3424970** 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

25

26 Mailing Address

27 Suite, Apt #, etc

28 City & State

29 Zip Country

30

9. Name and Address of Current Registered Agent

**CHARLES W. ENGELBRECHT**  
**1532 KINGSLEY AVE. #102**  
**ORANGE PARK, FL 32073**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: **Charles W. Engelbrecht, Pres** DATE: **4/30/98**

12. OFFICERS AND DIRECTORS

TITLE: **PRES/SEC/TREAS**  DELETE

NAME: **CHARLES W. ENGELBRECHT**

STREET ADDRESS: **1532 KINGSLEY AVE. #104**

CITY-ST-ZIP: **ORANGE PARK, FL 32073**

TITLE:  DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE:  DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE:  DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE  Change  Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE  Change  Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE  Change  Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE  Change  Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE  Change  Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

**700002587087**  
**-07/13/98--01107--034**  
**\*\*\*150.00**

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Charles W. Engelbrecht, Pres** DATE: **4/30/98** **904-264-9914**

CR2E034 (10/97)