

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

Mailing Address

1205 4TH STREET
KEY WEST FL 33041-7488

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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

26

4. FEI Number

59-2331362

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

Zip

Country

Zip

Country

24

25

29

30

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)

DATE

1-23-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CROWLEY, MAUREEN	
STREET ADDRESS	5901 COLLEGE ROAD	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RUSSELL, TERESA	
STREET ADDRESS	1075 DUVAL ST.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CURRY, MERLIN	
STREET ADDRESS	801 EMMA ST. APT. D	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RASMUS, REV. PAUL	
STREET ADDRESS	401 DUVAL ST.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	MAGILL, MARY	
STREET ADDRESS	5031 5TH AVE B-18	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	DECASTRO, GUARIONEX	
STREET ADDRESS	3426 N ROOSEVELT BLVD	
CITY-ST-ZIP	KEY WEST FL 33040	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 my 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