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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: 1205 4TH STREET, KEY WEST FL 33041-7488  
Mailing Address: 1205 4TH STREET, KEY WEST FL 33040-3707

3. Date Incorporated or Qualified: 09/09/1983  
3a. Date of Last Report: 01/31/1996  
4. FEI Number: 59-2331362  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-28)  
22. Suite, Apt. #, etc.  
27. Suite, Apt. #, etc.  
23. City & State  
28. City & State  
24. Zip  
25. Country  
29. Zip  
30. Country

9. Name and Address of Current Registered Agent  
WOLFE, MARSHAL  
1205 FOURTH ST  
KEY WEST FL 33040

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: FL

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: *Marshall Wolfe* DATE: 1-17-97

12. OFFICERS AND DIRECTORS

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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ILCHUK, PETER	
1.3 STREET ADDRESS	915 Angela Street	
1.4 CITY-ST-ZIP	Key West, FL 33040	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jack Niles	
2.3 STREET ADDRESS	2432 Flagler Avenue	
2.4 CITY-ST-ZIP	Key West, FL 33040	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Helen Rowe	
3.3 STREET ADDRESS	2100 Flagler Avenue	
3.4 CITY-ST-ZIP	Key West, FL 33040	
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 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]* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)