

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified

09/09/1983

4. FEI Number

59-2331362

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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

Signature, typed or printed name of registered agent and title if applicable

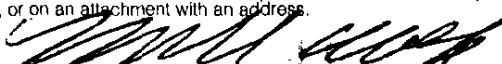
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	CHAIRMAN
NAME	CROWLEY, MAUREEN	1.2 NAME	Ilchuck, Peter
STREET ADDRESS	5901 COLLEGE ROAD	1.3 STREET ADDRESS	905 Angela Street
CITY-ST-ZIP	KEY WEST FL 33040	1.4 CITY-ST-ZIP	Key West, FL 33040
TITLE	VD	2.1 TITLE	VICE-CHAIRMAN
NAME	RUSSELL, TERESA	2.2 NAME	Rowe, Helen
STREET ADDRESS	1075 DUVAL ST.	2.3 STREET ADDRESS	2100 FLAGLER AVE
CITY-ST-ZIP	KEY WEST FL 33040	2.4 CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	SD	3.1 TITLE	SECRETARY
NAME	CURRY, MERLIN	3.2 NAME	MAGILL, MARY
STREET ADDRESS	801 EMMA ST. APT. D	3.3 STREET ADDRESS	5031 5TH AVENUE B-18
CITY-ST-ZIP	KEY WEST FL 33040	3.4 CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	TD	4.1 TITLE	
NAME	RASMUS, REV. PAUL	4.2 NAME	
STREET ADDRESS	401 DUVAL ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	4.4 CITY-ST-ZIP	
TITLE	MD	5.1 TITLE	MEMBER
NAME	MAGILL, MARY	5.2 NAME	HIGGS, JOAN
STREET ADDRESS	5031 5TH AVE B-18	5.3 STREET ADDRESS	22 BEECHWOOD DRIVE
CITY-ST-ZIP	KEY WEST FL 33040	5.4 CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	MD	6.1 TITLE	
NAME	DECASTRO, GUARIONEX	6.2 NAME	
STREET ADDRESS	3426 N ROOSEVELT BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	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.

SIGNATURE:



4-27-98

CR2E037 (10/97)