

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 20 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>1205 4TH STREET KEY WEST FL 33041-7488</b>	Mailing Address <b>1205 4TH STREET KEY WEST FL 33041-7488</b>
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3. Date Incorporated or Qualified <b>09/09/1983</b>	
4. FEI Number <b>59-2331362</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	24 Country	25 Country	29 Country	30 Country
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>CROWLEY, MAUREEN</b>	1.1 TITLE <b>CHAIRMAN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>5901 COLLEGE ROAD</b>	CITY-ST-ZIP <b>KEY WEST FL 33040</b>	1.2 NAME <b>Ilchuck, Peter</b>	
TITLE <b>VD</b>	NAME <b>RUSSELL, TERESA</b>	1.3 STREET ADDRESS <b>905 Angela Street</b>	
STREET ADDRESS <b>1075 DUVAL ST.</b>	CITY-ST-ZIP <b>KEY WEST FL 33040</b>	1.4 CITY-ST-ZIP <b>Key West, FL 33040</b>	2.1 TITLE <b>VICE-CHAIRMAN</b>
TITLE <b>SD</b>	NAME <b>CURRY, MERLIN</b>	2.2 NAME <b>Rowe, Helen</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>801 EMMA ST. APT. D</b>	CITY-ST-ZIP <b>KEY WEST FL 33040</b>	2.3 STREET ADDRESS <b>2100 FLAGLER AVE</b>	
TITLE <b>TD</b>	NAME <b>RASMUS, REV. PAUL</b>	2.4 CITY-ST-ZIP <b>KEY WEST, FL 33040</b>	3.1 TITLE <b>SECRETARY</b>
STREET ADDRESS <b>401 DUVAL ST.</b>	CITY-ST-ZIP <b>KEY WEST FL 33040</b>	3.2 NAME <b>MAGIL, MARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>MD</b>	NAME <b>MAGILL, MARY</b>	3.3 STREET ADDRESS <b>5091 5th AVENUE B-18</b>	
STREET ADDRESS <b>5031 5TH AVE B-18</b>	CITY-ST-ZIP <b>KEY WEST FL 33040</b>	3.4 CITY-ST-ZIP <b>KEY WEST, FL 33040</b>	4.1 TITLE
TITLE <b>MD</b>	NAME <b>DECASTRO, GUARIONEX</b>	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3426 N ROOSEVELT BLVD</b>	CITY-ST-ZIP <b>KEY WEST FL 33040</b>	4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY-ST-ZIP	5.1 TITLE <b>MEMBER</b>
STREET ADDRESS	NAME	5.2 NAME <b>HIGGS, JOAN</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	STREET ADDRESS <b>22 BEECHWOOD DRIVE</b>	5.3 STREET ADDRESS	
	CITY-ST-ZIP <b>KEY WEST, FL 33040</b>	5.4 CITY-ST-ZIP	6.1 TITLE
		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.3 STREET ADDRESS	
		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)