

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 1205 4TH STREET KEY WEST FL 33041-7488	Mailing Address 1205 4TH STREET KEY WEST FL 33041-7488
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3. Date Incorporated or Qualified 09/09/1983	
4. FEI Number 59-2331362	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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

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 PD	<input type="checkbox"/> DELETE	1.1 TITLE CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	2.1 TITLE VICE-CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	3.1 TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CURRY, MERLIN		3.2 NAME MAGIL, MARY	
STREET ADDRESS 801 EMMA ST. APT. D		3.3 STREET ADDRESS 5091 5th AVENUE B-18	
CITY-ST-ZIP KEY WEST FL 33040		3.4 CITY-ST-ZIP KEY WEST, FL 33040	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	5.1 TITLE MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Handwritten Signature]* **4-27-98**

CR2E037 (10/97)