

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735186

Entity Name: FLORIDA COUNCIL FOR COMMUNITY MENTAL HEALTH, INC.**Current Principal Place of Business:**316 E PARK AVE
TALLAHASSEE, FL 32301**Current Mailing Address:**316 E PARK AVE
TALLAHASSEE, FL 32301 US**FEI Number:** 59-1657087**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHARPE, BOB PRES
316 EAST PARK AVE
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CHAIRMAN
Name	DEPIANO, LINDA
Address	1041 45TH STREET
City-State-Zip:	WEST PALM BEACH FL 33407

Title	DIRECTOR
Name	REEVE, JAY
Address	2634-J CAPITAL CIRCLE NE
City-State-Zip:	TALLAHASSEE FL 32308

Title	TREASURER
Name	GLYNN, JAY
Address	1700 EDUCATION AVENUE BLDG A
City-State-Zip:	PUNTA GORDA FL 33950

Title	VC
Name	GILLIS, RACHEL
Address	3686 US HIGHWAY 331 SOUTH
City-State-Zip:	DEFUNIAK SPRINGS FL 32435

Title	VC
Name	DAIRE, BARBARA
Address	400 GATEWAY CENTER #200
City-State-Zip:	ST. PETERSBURG FL 33782

Title	SECRETARY
Name	RULIEN, THERESA
Address	5776 ST. AUGUSTINE ROAD
City-State-Zip:	JACKSONVILL FL 32207-8046

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LINDA DEPIANO**CHAIRMAN****04/22/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date