

2015 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:**HANSEN, MICHAEL P
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:** MICHAEL P. HANSEN

03/19/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title 1ST VICE CHAIR
Name GLYNN, JAY
Address 1700 EDUCATION AVENUE BLDG A
City-State-Zip: PUNTA GORDA FL 33950

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

Title CHAIRMAN
Name DAIRE, BARBARA
Address 4024 CENTRAL AVENUE
City-State-Zip: ST. PETERSBURG FL 33733

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

Title 2ND VICE CHAIR
Name ROMANO, JOHN
Address 4500 WEST MIDWAY ROAD
City-State-Zip: FORT PIERCE FL 34981

Title SECRETARY
Name AILES, EDWIN
Address 525 E. 15TH STREET
City-State-Zip: PANAMA CITY FL 32405

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: BARBARA DAIRE

CHAIRMAN

03/19/2015

Electronic Signature of Signing Officer/Director Detail

Date