

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739141

Entity Name: MENTAL HEALTH RESOURCE CENTER, INC.**Current Principal Place of Business:**10550 DEERWOOD PARK BOULEVARD
SUITE 600
JACKSONVILLE, FL 32256**Current Mailing Address:**P.O. BOX 19249
JACKSONVILLE, FL 32245 US**FEI Number:** 59-1905344**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SOMMERS, ROBERT A PH.D.
10550 DEERWOOD PARK BOULEVARD
SUITE 600
JACKSONVILLE, FL 32256 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:** ROBERT SOMMERS, PH.D.

01/11/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VC, DIRECTOR
Name OWEN, GEORGE
Address P.O. BOX 19249
City-State-Zip: JACKSONVILLE FL 32245

Title TREASURER, DIRECTOR
Name BASS, ROBIN
Address P.O. BOX 19249
City-State-Zip: JACKSONVILLE FL 32245

Title SECRETARY, DIRECTOR
Name JARRETT, MARY
Address P.O. BOX 19249
City-State-Zip: JACKSONVILLE FL 32245

Title PRESIDENT, CEO, DIRECTOR
Name SOMMERS, ROBERT
Address P.O. BOX 19249
City-State-Zip: JACKSONVILLE FL 32245

Title CHAIRMAN, DIRECTOR
Name BREW, RICHARD
Address P.O. BOX 19249
City-State-Zip: JACKSONVILLE FL 32245

Title DIRECTOR
Name JOHNSON, HENRY
Address P.O. BOX 19249
City-State-Zip: JACKSONVILLE FL 32245

Title DIRECTOR
Name CUTRIGHT, KELLI
Address P.O. BOX 19249
City-State-Zip: JACKSONVILLE FL 32245

Title DIRECTOR
Name GREGORY, E.C.
Address P.O. BOX 19249
City-State-Zip: JACKSONVILLE FL 32245

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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: ROBERT SOMMERS

PRESIDENT/CEO

01/11/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PASCOE, BEVERLY
Address P.O. BOX 19249
City-State-Zip: JACKSONVILLE FL 32245

Title DIRECTOR
Name SMITH, A. RUSSELL
Address P.O. BOX 19249
City-State-Zip: JACKSONVILLE FL 32245