### 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000091

Entity Name: SUNCOAST MENTAL HEALTH CENTER, INC.

FILED
Mar 16, 2018
Secretary of State
CC9664980663

## **Current Principal Place of Business:**

2814 S US #1

D-4

FORT PIERCE, FL 34982

## **Current Mailing Address:**

2814 S US #1

D-4

FORT PIERCE, FL 34982 US

FEI Number: 65-0789152 Certificate of Status Desired: No

#### Name and Address of Current Registered Agent:

FORT PIERCE FL 34950

2110 N.E. 39TH BLVD.

RADCLIFFE, GABRIELLE ESQ. 2814 S US #1

2814 S US # D-4

City-State-Zip:

Address

FORT PIERCE, FL 34982 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: GABRIELLE RADCLIFFE 03/16/2018

Electronic Signature of Registered Agent Date

City-State-Zip:

Address

VERO BEACH FL 32967

534 SE CLIFF RD

#### Officer/Director Detail:

TitlePRESIDENT EMERITUSTitleBOARD MEMBERNameGLANVILLE, MARIENameJENCIK, FRANKAddress863 N.E. DAHOON TERRACEAddress3925 8TH PLACE

City-State-Zip: JENSEN BEACH FL 34957 City-State-Zip: VERO BEACH FL 32960

TitlePRESIDENTTitleBOARD MEMBERNameRADCLIFFE, GABRIELLE ESQ.NameSTEWART, JERUSHA

Address 311 S 2ND STREET Address 1590 S. 42ND CIRCLE

SUITE 102-B #104

Title TREASURER Title VP

Name COOK, DAVID Name TALLEY, BRADY L M.S.

City-State-Zip: OKEECHOBEE FL 34972 City-State-Zip: PORT ST LUCIE FL 34984

TitleBOARD MEMBERTitleBOARD MEMBERNameLABEDZ, TED W.NameSAVINO, PATRICIA

Address 3812 SE FAIRWAY WEST Address 2400 S OCEAN DRIVE, #7615
City-State-Zip: STUART FL 34997 City-State-Zip: FORT PIERCE FL 34949

#### Continues on page 2

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: DEBRA S. ENGLE

CEO

03/16/2018

# Officer/Director Detail Continued:

Title CEO

Name ENGLE, DEBRA S Address 14869 78TH PLACE N

City-State-Zip: LOXAHATCHEE FL 33470