

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N98000000091

**Entity Name:** SUNCOAST MENTAL HEALTH CENTER, INC.

**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:**

RADCLIFFE, GABRIELLE ESQ.  
2814 S US #1  
D-4  
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**

**09/25/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT EMERITUS  
Name            GLANVILLE, MARIE  
Address        863 N.E. DAHOON TERRACE  
City-State-Zip: JENSEN BEACH FL 34957

Title            BOARD MEMBER  
Name            JENCIK, FRANK  
Address        3925 8TH PLACE  
City-State-Zip: VERO BEACH FL 32960

Title            BOARD MEMBER  
Name            STEWART, JERUSHA  
Address        1590 S. 42ND CIRCLE  
                  #104  
City-State-Zip: VERO BEACH FL 32967

Title            TREASURER  
Name            COOK, DAVID  
Address        2110 N.E. 39TH BLVD.  
City-State-Zip: OKEECHOBEE FL 34972

Title            PRESIDENT  
Name            TALLEY, BRADY L M.S.  
Address        534 SE CLIFF RD  
City-State-Zip: PORT ST LUCIE FL 34984

Title            VP  
Name            SAVINO, PATRICIA  
Address        2400 S OCEAN DRIVE, #7615  
City-State-Zip: FORT PIERCE FL 34949

Title            CEO  
Name            ENGLE, DEBRA S  
Address        14869 78TH PLACE N  
City-State-Zip: LOXAHATCHEE FL 33470

Title            SECRETARY  
Name            TAYLOR, BETTYE  
Address        2427 NW 53RD TERRACE  
City-State-Zip: OKEECHOBEE FL 34972

*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**

**09/25/2018**

Electronic Signature of Signing Officer/Director Detail

Date