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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 713096

1. Corporation Name
THE MENTAL HEALTH CENTER OF JACKSONVILLE, INC.

Principal Place of Business
 3333 20TH ST WEST
~~P.O. BOX 9010~~
 JACKSONVILLE FL 32208

Mailing Address
 P O BOX 19189
 JACKSONVILLE FL 32245
 US



21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified	
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4.	FEI Number	Applied For
22	<i>delete PO Box 9010</i>	27	City & State		59-0879642	Not Applicable
23	City & State	28	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	29	Zip	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25	Country	30	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SIKORA, GREGORY J 3333 20TH ST WEST PO BOX 9010 JACKSONVILLE FL 32208				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	<i>900 UNIVERSITY BLVD N.</i>		
				84	City		
						85	Zip Code
							<i>32211</i>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<i>C D</i>
NAME	GREGORY, E.C.	1.2 NAME	
STREET ADDRESS	11434 YELLOW TAIL COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<i>VC D</i>
NAME	FLAGG, EUGENE	2.2 NAME	
STREET ADDRESS	4271 MCDANIEL DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	SANDERS, DEBORAH	3.2 NAME	
STREET ADDRESS	11425 HOBART BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	LEWIS, CHARLES W.	4.2 NAME	
STREET ADDRESS	5307 FLEET LANDING BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** *2/23/99* *904-350-7236*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)