

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 713096

**FILED**  
**Feb 17, 2004**  
**Secretary of State****Entity Name:** THE MENTAL HEALTH CENTER OF JACKSONVILLE, INC.**Current Principal Place of Business:**900 UNIVERSITY BLVD N  
SUITE 700  
JACKSONVILLE, FL 32211**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 19189  
JACKSONVILLE, FL 322459189 US**New Mailing Address:****FEI Number:** 59-0879642**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**SIKORA, GREGORY J  
900 UNIVERSITY BLVD N.  
STE 700  
JACKSONVILLE, FL 3211**Name and Address of New Registered Agent:**SIKORA, GREGORY J  
900 UNIVERSITY BLVD N.  
STE 700  
JACKSONVILLE, FL 32211

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: \_\_\_\_\_

02/17/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: GREGORY, E.C.  
Address: 12874 DUNES COURT  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete  
Name: FLAGG, EUGENE  
Address: 4271 MCDANIEL DRIVE  
City-St-Zip: JACKSONVILLE, FL

Title: SD ( ) Delete  
Name: LECLERC, DONALD  
Address: 236 HOLLY COURT  
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD ( ) Delete  
Name: LEWIS, CHARLES W.  
Address: 5307 FLEET LANDING BLVD.  
City-St-Zip: ATLANTIC BEACH, FL

Title: D ( ) Delete  
Name: SOMMERS, ROBERT  
Address: 900 UNIVERSITY BLVD. N., STE 700  
City-St-Zip: JACKSONVILLE, FL 32211

Title: VCD ( ) Delete  
Name: CLARK POLITE, LORRAINE  
Address: 5475 SOUTEL DR  
City-St-Zip: JACKSONVILLE, FL 32219

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VCD (X) Change ( ) Addition  
Name: BREW, RICHARD  
Address: 1301 RIVERPLACE BLVD., SUITE 2300  
City-St-Zip: JACKSONVILLE, FL 32207

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: JOHNSON, JAMES  
Address: 6865 TAMRA LANE  
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT SOMMERS

D

02/17/2004

Electronic Signature of Signing Officer or Director

Date

EDDIE SALTERS  
2887 POST STREET, APT. 5  
JACKSONVILLE, FL 32204

GEORE OWEN, D  
50 NORTH LAURA STREET  
JACKSONVILLE, FL 32202

KENTON LOARD, D  
3901 SOUTH FLAGLER DRIVE, UNIT 1005  
WEST PALM BEACH, FL 33405