

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713096

FILED
Feb 09, 2005
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 32211 US

Name and Address of New Registered Agent:

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:

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

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: D () Delete
Name: JOHNSON, JAMES
Address: 6865 TAMRA LANE
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: JOHNSON, HENRY
Address: 2933 NORTH MYRTLE AVENUE, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32209

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 A. SOMMERS

D

02/09/2005

Electronic Signature of Signing Officer or Director

Date