

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713096

FILED
Mar 23, 2009
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:

10550 DEERWOOD PARK BOULEVARD
SUITE 600
JACKSONVILLE, FL 32256

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:

SIKORA, GREGORY J
10550 DEERWOOD PARK BOULEVARD
SUITE 600
JACKSONVILLE, FL 32256 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: _____

03/23/2009

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: BREW, RICHARD
Address: P. O. BOX 10209
City-St-Zip: JACKSONVILLE, FL 32247 US

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

Title: DT () Delete
Name: BASS, ROBIN
Address: 4115 ALHAMBRA DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32207

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

Title: VCD () Delete
Name: OWEN, GEORGE
Address: 10245 CENTURION PARKWAY, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: GREGORY, E.C.
Address: 12874 DUNES COURT
City-St-Zip: JACKSONVILLE, FL 32225

Title: DVC (X) Change () Addition
Name: OWEN, GEORGE
Address: 51 WEST BAY STREET
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: DS (X) Change () Addition
Name: JARRETT, MARY
Address: 1633 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

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

Title: D (X) Change () Addition
Name: SOMMERS, ROBERT
Address: 10550 DEERWOOD PARK BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Change () Addition
Name: JOHNSON, HENRY
Address: 8933 ELIZABETH FALLS DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

03/23/2009

Electronic Signature of Signing Officer or Director

Date