

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716173

FILED
Jan 14, 2004
Secretary of State**Entity Name:** LEE MENTAL HEALTH CENTER, INC.**Current Principal Place of Business:**2789 ORTIZ AVE
FORT MYERS, FL 339057806 US**New Principal Place of Business:****Current Mailing Address:**2789 ORTIZ AVE
FORT MYERS, FL 339057806 US**New Mailing Address:****FEI Number:** 59-1287693**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**COLEMAN, CARL JOSEPH
2201 2ND STREET
FORT MYERS, FL 33901 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:** V () Delete
Name: COLEMAN, JOSEPH
Address: PO BOX 1567
City-St-Zip: FT MYERS, FL 33902**Title:** V () Delete
Name: ISAACS, MADELYN
Address: 10501 FGCU BLVD, S
City-St-Zip: FORT MYERS, FL 33965**Title:** D () Delete
Name: REILLY, JAMES
Address: 3026 E RIVERSIDE DRIVE
City-St-Zip: FORT MYERS, FL 33901**Title:** D () Delete
Name: NICHOLS, HELEN
Address: 7835 SE 16TH PL
City-St-Zip: CAPE CORAL, FL 33904**Title:** T () Delete
Name: WILLIAMS, BARBARA CPA
Address: P O BOX 1020
City-St-Zip: FT MYERS, FL 33902**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change () Addition
Name: COLEMAN, JOSEPH
Address: P.O. BOX 1567
City-St-Zip: FORT MYERS, FL 33902**Title:** C (X) Change () Addition
Name: ISAACS, MADELYN
Address: 10501 FGCU BLVD, S
City-St-Zip: FORT MYERS, FL 33965**Title:** V (X) Change () Addition
Name: REILLY, JAMES
Address: 3026 E RIVERSIDE DRIVE
City-St-Zip: FORT MYERS, FL 33901**Title:** S (X) Change () Addition
Name: CROCKETT, DAVY
Address: P.O. BOX 2218
City-St-Zip: FORT MYERS, FL 33902**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: MADELYN ISAACS

C

01/14/2004

Electronic Signature of Signing Officer or Director

Date