FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **717744** **(7)**

1. Corporation Name

SEMINOLE COMMUNITY MENTAL HEALTH CENTER, INC.

Principal Place of Business	Mailing Address
417 WHOOPING LOOP. SUITE 1721 ALTAMONTE SPRINGS FL 32701	417 WHOOPING LOOP. SUITE 1721 ALTAMONTE SPRINGS FL 32701

3. Date Incorporated or Qualified: **12/16/1969**
3a. Date of Last Report: **02/21/1995**

2. Principal Place of Business
21 237 FERNWOOD BLVD
22 Suite, Apt. #, etc.
23 City & State: FERB PARK, FL
24 Zip: 32730
25 Country: SEMINOLE

2a. Mailing Address
26 237 FERNWOOD BLVD
27 Suite, Apt. #, etc.
28 City & State: FERN PARK, FL
29 Zip: 32730
30 Country: SEMINOLE

4. FEI Number: **59-1304471** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COLBERT, MR. WILLIAM L.
SUITE 22, FLAGSHIP BANK
P.O. BOX 1330
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GROVDAHL, ELBA D 4381 STEED TERR. WINTER PARK FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD HAGERTY, NANCY 2530 EKANA DRIVE OVEIDO FL 32765	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PHIPPS, LINDA K. 4261 FOX HOLLOW CIR. CASSELBERRY FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BEAL, KAREN S. 200 NORTH CORTEZ AVE. WINTER SPRINGS FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD OWEN, MARY 1001 RED BUG LAKE RD. CASSELBERRY FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ELBA GROVDAHL 4381 STEED TERRACE WINTER PARK FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	SD SCOTT, JODY 5504 ALBERT DRIVE WINTER PARK, FL 32792	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Nancy Hagerty Nancy Hagerty 4-29-96
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #