

FILING FEE IS \$61.25

Amended

NONPROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra L. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717744
1. Corporation Name
SEMINOLE COMMUNITY MENTAL HEALTH CENTER, INC.

Principal Place of Business
237 FERNWOOD BLVD
FERN PARK, FL 32730

Mailing Address
237 FERNWOOD BLVD
FERN PARK, FL 32730

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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
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 _____
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS
11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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3. Date Incorporated or Qualified
12/16/1969

3a. Date of Last Report
4/29/96

4. FEI Number
59-13104471

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

CR2E037 (12/95)