SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

# NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Jul 29 1998 8:00am
Secretary of State

DOCUMENT # 717744 (7)

1. Corporation Name

SEMINOLE COMMUNITY MENTAL HEALTH CENTER, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 237 FERNWOOD BLVD<br>FERN PARK FL 32730<br>US | 237 FERNWOOD BLVD<br>FERN PARK FL 32730<br>US |

3. Date Incorporated or Qualified: 12/16/1969

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

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 | VD | ☒ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | PHIPPS, LINDA K. | | 1.2 NAME | | |
| STREET ADDRESS | 4261 FOX HOLLOW CIR. | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CASSELBERRY FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | TD | ☐ DELETE | 2.1 TITLE | VD | ☒ Change ☐ Addition |
| NAME | BEAL, KAREN S | | 2.2 NAME | Beal, Karen | |
| STREET ADDRESS | 200 NORTH CORTEZ AVENUE | | 2.3 STREET ADDRESS | 200 North Cortez | |
| CITY-ST-ZIP | WINTER SPRINGS FL | | 2.4 CITY-ST-ZIP | Winter Springs FL 32708 | |
| TITLE | PD | ☐ DELETE | 3.1 TITLE | TD | ☒ Change ☐ Addition |
| NAME | MOGHADAS, KATHY | | 3.2 NAME | Charles Fritch | |
| STREET ADDRESS | 923 EAST SEMORAN BLVD. | | 3.3 STREET ADDRESS | 204 Paul McClure Court | |
| CITY-ST-ZIP | CASSELBERRY FL | | 3.4 CITY-ST-ZIP | Casselberry FL 32707 | |
| TITLE | SD | ☒ DELETE | 4.1 TITLE | SD | ☒ Change ☐ Addition |
| NAME | GAINES, CHARLIE | | 4.2 NAME | Mary Owen | |
| STREET ADDRESS | 626 TOMLINSON TERRACE | | 4.3 STREET ADDRESS | 1001 Red Bug Lake Road | |
| CITY-ST-ZIP | LAKE MARY FL | | 4.4 CITY-ST-ZIP | Casselberry FL 32707-5744 | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (5/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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: Kathryn Moghadas 7-7-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #