SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999

DIVISION OF CORPORATIONS

DOCUMENT#

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

FILED Jul 29, 1999 8:00 am Secretary of State

07-29-1999 90016 024 ****61.25



2. Principal Pl	ace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 12/16/1969		
21		26				
Suite, Apt. a	♯, etc.	Suite, Apt. #, etc.	•	4. FEI Number	Applied For	
22		27		59-1304471	Not Applicable	
City & State	,	City & State	•	5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be	
24	25	29 30	o	Trust Fund Contribution	Added to Fees	
	9. Name and Address of Current I	Registered Agent		10. Name and Address of New Registered Agent		
81				Name AGC Co.		
COLBERT, MR. WILLIAM L.			I I	82 Street Address (P.O. Box Number is Not Acceptable)		
SUITE 22, FLAGSHIP BANK			200 South Orange Avenue			
į ·				83		
P.O. BOX 1330 Suite 2300						
SANFORD FL 32771				rlando FL	32804	
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						
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						
SIGNATURE	Signature, typed or printed name or registered agent	novitte if applicable. (NOTE: Re	gistered Agent signature requ	rired when reinstating) DATE		
12.	V OFFICERS AND	·	13.	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	VD	DELETE	1.1 TITLE	20	☐ Change	
NAME	BEAL, KAREN S		1.2 NAME	(athrym /10ghadas, ,		
STREET ADDRESS	200 NORTH CORTEZ AVENUE		1.3 STREET ADDRESS	Cothrym Moghadas 123 E. Semoran Blud	·	
CITY-ST-ZIP	WINTER SPRINGS FL 32708		1.4 CITY-ST-ZIP	asselberry FL 327	<i>07</i>	
TITLE	TD .	☐ DELETE	2.1 TITLE	, D	Change	
NAME]	FRITCH, CHARLES	,	2.2 NAME	harles Fritch	أسما	
STREET ADDRESS	204 PAUL MCCLURE COURT		_	104 Paul McClure Lou	rT	
CITY-ST-ZIP	CASSELBERRY FL 32707		2. 4 CFTY-ST-ZIP	Asselhorry-FL-32	107	
TILE	SD	DELETE	3.1 TITLE TD T-	Tagent Newsone	☐ Change	
NAME	OWEN, MARY		3.2 NAME	sus Sunrise Drive	į	
STREET ADDRESS	1001 RED BUG LAKE RD	•	3.3 STREET ADDRESS	545 Sunrise Drive		
CITY-ST-ZIP	CASSELBERRY FL 32707			Casselberry FL 32	707	
TITLE	ONOGEDENIN TE OFFICE	☐ DELETE	4.1 TITLE	D	☐ Change X Addition	
NAME			J	some Snood -		
STREET ADDRESS			4.3 STREET ADDRESS	nary Sneed Blvd.	th floor	
			4.4 CITY-ST-ZIP	Orlando FL 32801		
TIFLE		☐ DELETE	5.1 TITLE	riungo, ra vavoi	Change Addition	
NAME			5.2 NAME		_ , (
			5.3 STREET ADDRESS			
STREET ADDRESS			5.4 CITY-ST-ZIP			
CITY-ST-ZIP		□ DELETE	6.1 TITLE		☐ Change ☐ Addition	
TITLE			6.2 NAME			
NAME			l		ļ	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: