

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 20, 2008
Secretary of State

DOCUMENT# 717744

Entity Name: SEMINOLE COMMUNITY MENTAL HEALTH CENTER, INC.**Current Principal Place of Business:**237 FERNWOOD BLVD
FERN PARK, FL 32730 US**New Principal Place of Business:****Current Mailing Address:**237 FERNWOOD BLVD
FERN PARK, FL 32730 US**New Mailing Address:****FEI Number:** 59-1304471**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**AGC CO.
200 S. ORANGE AVE
STE 2300
ORLANDO, FL 32804 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:** VC () Delete
Name: TIZZIO, TONY
Address: 809 OSCEOLA TRAIL
City-St-Zip: CASSELBERRY, FL 32707**Title:** T () Delete
Name: SEMBER, JOHN
Address: 1239 WOODRIDGE COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714**Title:** C () Delete
Name: TERAMAE, GARY
Address: 9405 S HWY 17-92
City-St-Zip: MAITLAND, FL 32751**Title:** S () Delete
Name: MATISAK, MATHEW
Address: 794 SENECA MEADOWS RD
City-St-Zip: WINTER SPRINGS, FL 32708**Title:** D () Delete
Name: REICHERT, JOHN
Address: 400 E LAKE MARY BLVD
City-St-Zip: SANFORD, FL 32773**Title:** O () Delete
Name: DRISKELL, DEBBIE
Address: 1918 ROWENA AVENUE
City-St-Zip: ORLANDO, FL 32803**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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City-St-Zip:**Title:** () Change () Addition
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Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** O (X) Change () Addition
Name: BERKO, JIM
Address: 1814 CROWLEY CIRCLE
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JIM BERKO

O

10/20/2008

Electronic Signature of Signing Officer or Director

Date