

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717744

FILED
Mar 20, 2009
Secretary of State

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: BERKO, JIM
Address: 1814 CROWLEY CIRCLE
City-St-Zip: LONGWOOD, FL 32779

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
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:

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: DEBBIE DRISKELL

O

03/20/2009

Electronic Signature of Signing Officer or Director

Date