

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717744

FILED
Jan 04, 2010
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:

Name and Address of New Registered Agent:

CUDDLHY, MADONNA
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: MADONNA CUDDLHY

01/04/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C
Name: TIZZIO, ANTHONY
Address: 809 OSCEOLA TRAIL
City-St-Zip: CASSELBERRY, FL 32707

Title: T
Name: MACDIARMID, MALCOLM
Address: 1723 GOLFSIDE DRIVE
City-St-Zip: WINTER PARK, FL 32792

Title: D
Name: GREGORY, LINDA
Address: 10240 HOOD COURT
City-St-Zip: JACKSONVILLE, FL 32257

Title: VC
Name: MATISAK, MATHEW
Address: 794 SENECA MEADOWS RD
City-St-Zip: WINTER SPRINGS, FL 32708

Title: S
Name: BROWN, RICK
Address: 211 NADINA TERRACE
City-St-Zip: WINTER SPRINGS, FL 32708

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

I hereby 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 all other like empowered.

SIGNATURE: MADONNA CUDDLHY

RA

01/04/2010

Electronic Signature of Signing Officer or Director

Date