2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 10, 2012
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:

CUDDLHY, MADONNA
1200 SOUTH PINE ISLAND ROAD
STE 2300
PLANTATION, FL 33324 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: C
Name: FLORIO, KAREN
Address: 652 MAGNOLIA DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32703

Title: VC
Name: JOHNSON, FORBES
Address: 901 NORTH ORLANDO AVENUE
City-St-Zip: MAITLAND, FL 32755

Title: T
Name: BATMAN, JON
Address: 200 MAITLAND AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: S
Name: SNEED, MARY
Address: 1612 RIVER BIRCH AVE
City-St-Zip: OVIEDO, FL 32765

Title: D
Name: CALDERONE, TINA
Address: 3206 TALA LOOP
City-St-Zip: LONGWOOD, FL 32779

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: DEBBIE DRISKELL O 07/10/2012
Electronic Signature of Signing Officer or Director Date