2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State
04-18-2003 90196 044 ****70.00

DOCUMENT # 717744

1. Entity Name

SEMINOLE COMMUNITY MENTAL HEALTH CENTER, INC.

Principal Place of Business	Mailing Address
237 FERNWOOD BLVD FERN PARK FL 32730 US	237 FERNWOOD BLVD FERN PARK FL 32730 US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1304471 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AGC CO. 200 S. ORANGE AVE STE 2300 ORLANDO FL 32804	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LIPTEN, SANDRA 124 N. LOST LAKE LANE CASSELBERRY FL 32707	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SNEED, MARY 28 W. CENTRAL BLVD ORLANDO FL 32801	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FRITCH, CHARLES 204 PAUL MCCLURE COURT CASSELBERRY FL 32707	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GREGORY, LINDA 130 GARFIELD ROAD ENTERPRISE, FL 32725	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SNEED, MARY 28 W. CENTRAL BLVD ORLANDO FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T REICHERT, JOHN 400 E. LAKE MARY BLVD SANFORD, FL 32773	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONRAD, CROSS 2101 HIBBARD TRAIL CHULUOTA FL 32766	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HAGERTY, NANCY 2530 EKANA DRIVE OVIEDO, FL 32765	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEWSOME, WES 545 SUNRISE DR CASSELBERRY FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ACEVEDO, J. MANUEL 116 N. PARK AVENUE SANFORD, FL 32771	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O DRISKELL, DEBBIE 251 FAWSETT ROAD WEST WINTER PARK FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEAVERS, NEILL 284 E. LONG CREEK COVE LONGWOOD, FL 32750	☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/18/03 407-831-2411.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/02)

ATTACHMENT

70043207
717144

Please add the following to BOX 11 ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN BOX 10

ADDITION

TITLE	D
NAME	Martz, Frank
STREET ADDRESS	307 Lakepark Trail
CITY-ST-ZIP	Oviedo, FL 32765

ADDITION

TITLE	D
NAME	Rufo, Donald A.
STREET ADDRESS	100 Bush Blvd
CITY-ST-ZIP	Sanford, FL 32773

ADDITION

TITLE	D
NAME	Sember, John
STREET ADDRESS	1239 Woodridge Court
CITY-ST-ZIP	Sanford, FL 32773

ADDITION

TITLE	D
NAME	Teramae, Gary
STREET ADDRESS	9405 S.Hwy 17-92
CITY-ST-ZIP	Maitland, FL 32751