

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

Feb 28 1996 8:00 am

Secretary of State

DOCUMENT # 721536 (1)

1. Corporation Name

MENTAL HEALTH SERVICES, INC., OF NORTH CENTRAL FLORIDA

Principal Place of Business

Mailing Address

4300 S.W. 13TH ST.
GAINESVILLE FL 32608

4300 S.W. 13TH ST.
GAINESVILLE FL 32608



3. Date Incorporated or Qualified

08/17/1971

3a. Date of Last Report

02/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1403647

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STARR, DOUGLAS L., PH.D.
4300 S.W. 13TH ST.
GAINESVILLE FL 32608

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME COHEN, LOUIS D
STREET ADDRESS 1250 NW 61ST TERR
CITY-ST-ZIP GAINESVILLE, FL 00000 ☐ DELETE

1.1 TITLE Vice President ☐ Change ☒ Addition
1.2 NAME Viele, Maggie
1.3 STREET ADDRESS P.O. Box 1600 N/A
1.4 CITY-ST-ZIP Cross City, FL 32628

TITLE S
NAME GREEN, SHARON
STREET ADDRESS 26 EAST UNIVERSITY AVE
CITY-ST-ZIP GAINESVILLE, FL 00000 ☐ DELETE

2.1 TITLE Secretary ☒ Change ☐ Addition
2.2 NAME Longworth, Sharon
2.3 STREET ADDRESS 26 East University Avenue
2.4 CITY-ST-ZIP Gainesville, FL 32601

TITLE D
NAME ALLEN, CHARLES
STREET ADDRESS PO BOX 140280 N/A
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

3.1 TITLE Treasurer ☒ Change ☐ Addition
3.2 NAME Allen, Charles
3.3 STREET ADDRESS P.O. Box 140280 N/A
3.4 CITY-ST-ZIP Gainesville, FL 32614-0280

TITLE VD
NAME DEBOLT, CHARLES
STREET ADDRESS 12207 NW 39 AVE
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

4.1 TITLE President ☒ Change ☐ Addition
4.2 NAME DeBolt, Charles
4.3 STREET ADDRESS 12207 NW 39th Avenue
4.4 CITY-ST-ZIP Gainesville, FL 32606

TITLE PD
NAME HYDE, CAROL
STREET ADDRESS 4300 SW 13TH STREET
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

5.1 TITLE Director ☒ Change ☐ Addition
5.2 NAME Hyde, Carol
5.3 STREET ADDRESS Route 2, Box 129 N/A
5.4 CITY-ST-ZIP Trenton, FL 32693

TITLE D
NAME DEAN, WILBUR
STREET ADDRESS PO BOX 24 N/A
CITY-ST-ZIP BRONSON FL ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
*Deposited by Bank

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96

(352) 374-5670