

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2008 8:00 am
Secretary of State

07-11-2008 90015 018 ****61.25

40110233



DOCUMENT # 730900 1. Entity Name MENTAL HEALTH CARE INC. FOUNDATION					
Principal Place of Business 5707 NORTH 22ND STREET TAMPA, FL 33610			Mailing Address 5707 NORTH 22ND STREET TAMPA, FL 33610		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1622729	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PIZZO, PAUL ESQUIRE 501 E KENNEDY BLVD SUITE 1700 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	COBT	<input type="checkbox"/> Delete	TITLE	COBT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COHEN, ANDREW		NAME	Walters, Ken	
STREET ADDRESS	308 S BLVD 2ND FL		STREET ADDRESS	2108 West Southview Ave	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	Tampa, FL 33606	
TITLE	VCCE	<input checked="" type="checkbox"/> Delete	TITLE	Past COBT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPENCER, BARRETT		NAME	COHEN, ANDREW	
STREET ADDRESS	5014 W SAN MIGUEL ST		STREET ADDRESS	308 S BLVD 2ND FL	
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP	Tampa, FL 33606	
TITLE	CE	<input type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WALTERS, KEN		NAME	Anderson, Mark	
STREET ADDRESS	2108 WEST SOUTHVIEW AVE		STREET ADDRESS	14934 N. Florida Ave.	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	Tampa, FL 33613	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TUCKER, JAMES H		NAME	Geoghagan, Brenda	
STREET ADDRESS	15503 FENTRESS CT		STREET ADDRESS	P.O. Box 22287	
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP	Tampa, FL 33622	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REEVES, BARBARA		NAME		
STREET ADDRESS	420 CHANNEL DR		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 7-3-08 Daytime Phone: 933-268-5331		