

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730900

FILED  
Feb 10, 2009  
Secretary of State

Entity Name: MENTAL HEALTH CARE INC. FOUNDATION

**Current Principal Place of Business:**

5707 NORTH 22ND STREET  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

5707 NORTH 22ND STREET  
TAMPA, FL 33610

**New Mailing Address:**

FEI Number: 59-1622729

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PIZZO, PAUL ESQUIRE  
501 E KENNEDY BLVD  
SUITE 1700  
TAMPA, FL 33602 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: COBT ( ) Delete  
Name: WAITERS, KEN  
Address: 2108 WEST SOUTHVIEW AVE  
City-St-Zip: TAMPA, FL 33606

Title: VCCE ( ) Delete  
Name: PAST, COBT  
Address: 308 S BLVD 2ND FL  
City-St-Zip: TAMPA, FL 33606

Title: T ( ) Delete  
Name: ANDERSON, MARK  
Address: 14934 N. FLORIDA AVE.  
City-St-Zip: TAMPA, FL 33613

Title: S ( ) Delete  
Name: GEOGHAGAN, BRENDA  
Address: P.O. BOX 22287  
City-St-Zip: TAMPA, FL 33622

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: COBT (X) Change ( ) Addition  
Name: WAITERS, KEN  
Address: 2108 WEST SOUTHVIEW AVE  
City-St-Zip: TAMPA, FL 33606

Title: VCCH (X) Change ( ) Addition  
Name: DATO, JUDY  
Address: 8620 WEST GULF BOULEVARD  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: TRES (X) Change ( ) Addition  
Name: LEWIS, CALEB  
Address: 1111 WEST CASS STREET  
City-St-Zip: TAMPA, FL 33606

Title: SEC (X) Change ( ) Addition  
Name: WARD, ALYSA  
Address: 100 SOUTH ASHLEY DRIVE, SUITE 1300  
City-St-Zip: TAMPA, FL 33602

Title: DIR ( ) Change (X) Addition  
Name: MILLER, LORNA L  
Address: 5707 NORTH 22ND STREET  
City-St-Zip: TAMPA, FL 33610

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LORNA L. MILLER

DIR

02/10/2009

Electronic Signature of Signing Officer or Director

Date