FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:44

DOCUMENT # 735186 (9)

1. Corporation Name

FLORIDA COUNCIL FOR COMMUNITY MENTAL HEALTH, INC

Principal Place of Business	Mailing Address
316 E PARK AVE TALLAHASSEE FL 32301 US	316 E PARK AVE TALLAHASSEE FL 32301 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1976
3a. Date of Last Report: 03/31/1994
4. FEI Number: 59-1657087 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24
Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29
Country — 30

9. Name and Address of Current Registered Agent

BUNKLEY, BALDWIN
316 E PARK AVE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE	SD	☒ Change ☐ Addition
NAME	RICE, DAVID	1.2 NAME	Poul, Laurie	
STREET ADDRESS	3000 41ST OCEAN	1.3 STREET ADDRESS	3292 County Road 220	
CITY-ST-ZIP	MARATHON FL	1.4 CITY-ST-ZIP	Middleburg, FL	
TITLE	CD	2.1 TITLE	CD	☒ Change ☐ Addition
NAME	KIRKLAND, RONALD P.	2.2 NAME	Riggs, Thomas	
STREET ADDRESS	625 E. TENNESSEE ST.	2.3 STREET ADDRESS	1437 S. Belcher Road	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	Clearwater, FL	
TITLE	CD	3.1 TITLE	CD	☒ Change ☐ Addition
NAME	RIGGS, THOMAS	3.2 NAME	Lacey, Bert	
STREET ADDRESS	1437 S. BELCHER RD #200	3.3 STREET ADDRESS	215 N. 3rd St.	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	VD	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	LACEY, BERT	4.2 NAME	Minge, Jack	
STREET ADDRESS	215 NO 3 STR	4.3 STREET ADDRESS	4740 N. State Road 7	
CITY-ST-ZIP	LEESBURG FL	4.4 CITY-ST-ZIP	Ft. Lauderdale, FL	
TITLE	PD	5.1 TITLE		☐ Change ☐ Addition
NAME	BUNKLEY, BALDWIN	5.2 NAME	NO CHANGE	
STREET ADDRESS	316 E PARK AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(i), 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: Baldwin V. Bunkley 1/8/1995 (904) 224-6048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000810