

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90260 046 \*\*\*\*70.00

**DOCUMENT # 735186**

1. Entity Name  
**FLORIDA COUNCIL FOR COMMUNITY MENTAL HEALTH,  
INC.**



Principal Place of Business

**316 E PARK AVE  
TALLAHASSEE, FL 32301 US**

Mailing Address

**316 E PARK AVE  
TALLAHASSEE, FL 32301 US**

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

04182007

Chg-NP

CR2E037 (12/06)

4. FEI Number

**59-1657087**

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

**SHARPE, BOB  
316 EAST PARK AVE  
TALLAHASSEE, FL 32301**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD  
LABARTA, MAGGIE  
4310 SW 13TH ST  
GAINESVILLE, FL 32608 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TD  
BEMBRY, GARY  
1221 W. LAKEVIEW AVENUE  
PENSACOLA, FL 32501 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD  
RICKUS, IRENE  
7809 MASSACHUSETTS  
NEW PORT RICHEY, FL 34653 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
DREGGORS, WAYNE  
1220 WILLIS AVENUE  
DAYTONA BEACH, FL 32114 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
BECHE, MIKE  
57850 T.G. LEE ROAD, #400  
ORLANDO, FL 32822 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
Labarta, Margarita  
P.O. Box 141750  
Gainesville, FL 32614 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD  
Bembry, Gary  
1221 W. Lakeview Ave.  
Pensacola, FL 32501 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD  
Valentine, Veronica  
5776 St. Augustine Rd.  
Jacksonville, FL 32207 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SD  
Kiley, Mary Lu  
P.O. Box 1559  
Bartow, FL 33821 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TD  
Daire, Barbara  
P.O. Box 10970  
St. Petersburg, FL 33733 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
Becker, Mike  
5850 T.G. Lee Rd. #400  
Orlando, FL 32822 ☒ Change ☐ Addition

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:**

*Bob Sharpe*

Bob Sharpe

4/18/07

850-224-6048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #