

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 #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04182007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1657087

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SHARPE, BOB
316 EAST PARK AVE
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

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

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	VD	<input checked="" type="checkbox"/> Delete
NAME	LABARTA, MAGGIE	
STREET ADDRESS	4310 SW 13TH ST	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BEMBRY, GARY	
STREET ADDRESS	1221 W. LAKEVIEW AVENUE	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RICKUS, IRENE	
STREET ADDRESS	7809 MASSACHUSETTS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DREGGORS, WAYNE	
STREET ADDRESS	1220 WILLIS AVENUE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BECHE, MIKE	
STREET ADDRESS	57850 T.G. LEE ROAD, #400	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Labarta, Margarita	
STREET ADDRESS	P.O. Box 141750	
CITY-ST-ZIP	Gainesville, FL 32614	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bembry, Gary	
STREET ADDRESS	1221 W. Lakeview Ave.	
CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Valentine, Veronica	
STREET ADDRESS	5776 St. Augustine Rd.	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kiley, Mary Lu	
STREET ADDRESS	P.O. Box 1559	
CITY-ST-ZIP	Bartow, FL 33821	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daire, Barbara	
STREET ADDRESS	P.O. Box 10970	
CITY-ST-ZIP	St. Petersburg, FL 33733	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Becker, Mike	
STREET ADDRESS	5850 T.G. Lee Rd. #400	
CITY-ST-ZIP	Orlando, FL 32822	

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