

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90072 027 \*\*\*\*61.25

**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

02212008 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

**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

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, 2008**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	LABARTA, MARGARITA	
STREET ADDRESS	PO BOX 141750	
CITY-ST-ZIP	GAINESVILLE, FL 32614	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BEMBRY, GARY	
STREET ADDRESS	1221 W LAKEVIEW AVE	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	VALENTINE, VERONICA	
STREET ADDRESS	5776 ST AUGUSTINE RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KILEY, MARY LU	
STREET ADDRESS	PO BOX 1559	
CITY-ST-ZIP	BARTOW, FL 33831	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DAIRE, BARBARA	
STREET ADDRESS	PO BOX 10970	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33733	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BECHER, MIKE	
STREET ADDRESS	5850 TG LEE RD #400	
CITY-ST-ZIP	ORLANDO, FL 32822	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Change <input checked="" 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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kassab, Jerry	
STREET ADDRESS	1900 Mery Dr.	
CITY-ST-ZIP	Orlando, FL 32808	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kiley, Mary Lu	
STREET ADDRESS	1239 E. Main St.	
CITY-ST-ZIP	Bartow, FL 33830	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ferguson, David	
STREET ADDRESS	10001 W. Oakland Blvd Suite 301	
CITY-ST-ZIP	Sunrise, FL 33351	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Labarta, Margarita	
STREET ADDRESS	4300 SW 13th St.	
CITY-ST-ZIP	Gainesville, FL 32608	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Bob Sharpe*  
**Bob Sharpe**

**224-6048**