

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735186

FILED
Mar 05, 2009
Secretary of State

Entity Name: FLORIDA COUNCIL FOR COMMUNITY MENTAL HEALTH, INC.

Current Principal Place of Business:

316 E PARK AVE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

316 E PARK AVE
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-1657087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SHARPE, BOB PRES
316 EAST PARK AVE
TALLAHASSEE, FL 32301 US

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: BOB SHARPE

03/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: BEMBRY, GARY
Address: 1221 W LAKEVIEW AVE
City-St-Zip: PENSACOLA, FL 32501

Title: VD () Delete
Name: VALENTINE, VERONICA
Address: 5776 ST. AUGUSTINE RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: VD () Delete
Name: KASSAB, JERRY
Address: 1800 MERCY DR
City-St-Zip: ORLANDO, FL 32808

Title: TD () Delete
Name: KILEY, MARY LU
Address: 1239 E MAIN ST
City-St-Zip: BARTOW, FL 33830

Title: SD () Delete
Name: FERGUSON, DAVID
Address: 10001 W OAKLAND BLVD STE 301
City-St-Zip: FORT LAUDERDALE, FL 33351

Title: D (X) Delete
Name: LABARTA, MARGARITA
Address: 4300 SW 13TH ST
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: VALENTINE, VERONICA
Address: 5776 ST. AUGUSTINE ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: VD (X) Change () Addition
Name: KASSAB, JERRY
Address: 1800 MERCY DR
City-St-Zip: ORLANDO, FL 32808

Title: VD (X) Change () Addition
Name: FERGUSON, DAVID
Address: 10001 W. OAKLAND BLVD., SUITE 301
City-St-Zip: SUNRISE, FL 33351

Title: TD (X) Change () Addition
Name: CHERRY, JON
Address: P.O. BOX 491000
City-St-Zip: LEESBURG, FL 34749

Title: SD (X) Change () Addition
Name: DEPIANO, LINDA
Address: 1041 45TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BOB SHARPE

PRES

03/05/2009

Electronic Signature of Signing Officer or Director

Date