2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2012
Secretary of State

DOCUMENT# 735186

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 PRES
316 EAST PARK AVE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VD
Name: DEPIANO, LINDA
Address: 1041 45TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D
Name: FERGUSON, DAVID
Address: 10001 W. OAKLAND BLVD., SUITE 301
City-St-Zip: SUNRISE, FL 33351

Title: CD
Name: REEVE, JAY
Address: 2634-J CAPITAL CIRCLE NE
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD
Name: MACMATH, GARY
Address: 445 31ST STREET NORTH
City-St-Zip: ST PETERSBURG, FL 33733

Title: SD
Name: GLYNN, JAY
Address: 1700 EDUCATION AVENUE BLDG A
City-St-Zip: PUNTA GORDA, FL 33950

Title: D
Name: GILLIS, RACHEL
Address: 3686 US HIGHWAY 331 SOUTH
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

I hereby 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 all other like empowered.

SIGNATURE: BOB SHARPE PRES 03/06/2012

Electronic Signature of Signing Officer or Director Date