

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

55 MAY -1 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 745922 (5)**  
1. Corporation Name  
**WEST POLK AND HARDEE COUNTY MENTAL HEALTH SERVIC  
ES, INC.**

Principal Place of Business Mailing Address  
**SERVICES, INC. SERVICES, INC.  
1745 HWY 17 S. 1745 HWY 17 S.  
BARTOW FL 33830 BARTOW FL 33830**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report  
**02/12/1979 02/09/1994**  
4. FEI Number Applied For  
**59-2873555** Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip Country 28. Zip Country  
24. 25. 29. 30.

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$60.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**GAITHER, ROY  
8805 WEST KNIGHTS GRIFFIN ROAD  
PLANT CITY FL 33566**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRICE, MARVIN W	1.2 NAME	
STREET ADDRESS	3425 KATHLEEN ROAD	1.3 STREET ADDRESS	Lakeland, FL 33809
CITY - ST - ZIP	LAKELAND FL	1.4 CITY - ST - ZIP	
TITLE	ST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAITHER, ROY	2.2 NAME	
STREET ADDRESS	8805 W KNIGHTS GRIFFIN	2.3 STREET ADDRESS	Plant City, FL 33565
CITY - ST - ZIP	PLANT CITY, FL 00000	2.4 CITY - ST - ZIP	
TITLE	P	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEAT, WILLIAM A, JR	3.2 NAME	
STREET ADDRESS	369 LAKE HOLLINGSWORTH	3.3 STREET ADDRESS	Lakeland, FL 33803
CITY - ST - ZIP	LAKELAND, FL 00000	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WETTERER, CHARLES R.	4.2 NAME	
STREET ADDRESS	4422 ORANGEWOOD LOOP, W.	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, GEORGE	5.2 NAME	
STREET ADDRESS	1750 GIBBONS	5.3 STREET ADDRESS	Bartow, FL 33830
CITY - ST - ZIP	BARTOW FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGFORD, MARY K.	6.2 NAME	
STREET ADDRESS	1250 SCOTTSDALE DR	6.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Roy Gaither Roy Gaither 4/27/95 (813) 534-7020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Printed Name)